

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000137698

Entity Name: J. AVILES CPA, P.A.

**FILED**  
**Feb 17, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

11804 NORTH 56TH STREET  
TAMPA, FL 33617 US

## **New Principal Place of Business:**

14452 BRUCE B DOWNS BLVD  
TAMPA, FL 33613 US

## **Current Mailing Address:**

PO BOX 272414  
TAMPA, FL 33688 US

## **New Mailing Address:**

14452 BRUCE B DOWNS BLVD  
TAMPA, FL 33613 US

FEI Number: 20-4980319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

AVILES, JON  
11804 NORTH 56TH STREET  
TAMPA, FL 33617 US

## **Name and Address of New Registered Agent:**

AVILES, JON  
14452 BRUCE B DOWNS BLVD  
TAMPA, FL 33613 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JON AVILES

02/17/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PRES  
Name: AVILES, JON  
Address: 14452 BRUCE B DOWNS BLVD  
City-St-Zip: TAMPA, FL 33613 US

Title: VP  
Name: COULTER, ERIC C  
Address: 14452 BRUCE B DOWNS BLVD  
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JON AVILES

PRES

02/17/2012

Electronic Signature of Signing Officer or Director

Date