

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015031

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** LAW OFFICE OF JEFFREY S. NEACE, P.A.

**Current Principal Place of Business:**

10365 HOOD ROAD S.  
#204  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

9310 OLD KINGS ROAD SOUTH  
SUITE 404  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

10365 HOOD ROAD S.  
#204  
JACKSONVILLE, FL 32257

**New Mailing Address:**

PO BOX 5886  
JACKSONVILLE, FL 32247

**FEI Number:** 90-0251068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEACE, JEFFREY S ESQ  
10365 HOOD ROAD S.  
#204  
JACKSONVILLE, FL 32257 US

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

NEACE, JEFFREY S  
9310 OLD KINGS ROAD SOUTH  
SUITE 404  
JACKSONVILLE, FL 32257 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: JEFFREY NEACE

04/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NEACE, JEFFREY S  
Address: PO BOX 5886  
City-St-Zip: JACKSONVILLE, FL 32247

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: JEFFREY NEACE

P

04/06/2011

Electronic Signature of Signing Officer or Director

Date