

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000040009

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** JON B. GANN, P.A. OF FLORIDA

**Current Principal Place of Business:**

226 PALAFOX PLACE  
SUITE 204  
PENSACOLA, FL 32502

**New Principal Place of Business:**

226 PALAFOX PLACE  
SUITE 204  
PENSACOLA, FL 32502 US

**Current Mailing Address:**

PO BOX 1872  
PENSACOLA, FL 325911872

**New Mailing Address:**

PO BOX 1872  
PENSACOLA, FL 325911872 US

**FEI Number:** 59-3800839

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GANN, JON B  
226 PALAFOX PLACE  
SUITE 204  
PENSACOLA, FL 32502 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GANN, JON B  
Address: PO BOX 1872  
City-St-Zip: PENSACOLA, FL 325911872 US

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 B GANN

P

04/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date