

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000045217

Entity Name: JASON H ADAMS, PA

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

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

362 GULF BREEZE PKWY  
GULF BREEZE, FL 32561

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

362 GULF BREEZE PKWY  
#135  
GULF BREEZE, FL 32561

## **Current Mailing Address:**

362 GULF BREEZE PKWY  
GULF BREEZE, FL 32561

## **New Mailing Address:**

362 GULF BREEZE PKWY  
#135  
GULF BREEZE, FL 32561

FEI Number: 20-2559906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADAMS, JASON H  
362 GULF BREEZE PKWY  
SUITE 135  
GULF BREEZE, FL 32561 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: PSTD  
Name: ADAMS, JASON H  
Address: 362 GULF BREEZE PKWY, #135  
City-St-Zip: GULF BREEZE, FL 32561

Title: VPD  
Name: FULLER, CHARLES D JR  
Address: 362 GULF BREEZE PKWY #135  
City-St-Zip: GULF BREEZE, FL 32561

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: JASON H ADAMS

PSTD

02/16/2012

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

\_\_\_\_\_  
Date