

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000093146

Entity Name: EDWARD E. DENNIS, PA

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

352 SOUTH OCEAN TRACE ROAD  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

352 SOUTH OCEAN TRACE ROAD  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

FEI Number: 20-5223983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HALL, CHARLES  
77 ALMERIA STREET  
ST. AUGUSTINE, FL 32084 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: PTVS  
Name: DENNIS, EDWARD E  
Address: 352 SOUTH OCEAN TRACE ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: PTVS  
Name: DENNIS, EDWARD E  
Address: 352 SOUTH OCEAN TRACE ROAD  
City-St-Zip: ST. AUGUSTINE, FL 32080

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: EDWARD E. DENNIS

P/TR

04/12/2012

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

\_\_\_\_\_  
Date