

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000128494

Entity Name: CAMMIE J THOMAS. P.A.

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

365 WEST SILVERTHORN LANE  
PONTE VEDRA, FL 32081

**New Principal Place of Business:**

3948 3RD ST S  
135  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

365 WEST SILVERTHORN LANE  
PONTE VEDRA, FL 32081

**New Mailing Address:**

3948 3RD ST S  
135  
JACKSONVILLE BEACH, FL 32250

FEI Number: 22-3944339

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMAS, CAMMIE J  
365 W. SILVERTHORN LN  
PONTE VEDRA, FL 32081 US

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

THOMAS, CAMMIE J  
3948 3RD ST S  
135  
JACKSONVILLE BEACH, FL 32250 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:

03/09/2011

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: THOMAS, CAMMIE J  
Address: 3948 3RD ST S 135  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: CAMMIE J THOMAS

DPST

03/09/2011

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

\_\_\_\_\_  
Date