

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000010436

Entity Name: JENIFER L. MORRIS, P.A.

**FILED**  
**Jan 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1535 BUCK ST.  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2474  
LAKE PLACID, FL 33862

**New Mailing Address:**

FEI Number: 20-8345787

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAILE, JENIFER L  
1535 BUCK ST.  
LAKE PLACID, FL 33852 US

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

MORRIS, JENIFER L  
1535 BUCK ST.  
LAKE PLACID, FL 33852 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: JENIFER L MORRIS

01/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: MORRIS, JENIFER L  
Address: POST OFFICE BOX 2474  
City-St-Zip: LAKE PLACID, FL 33862

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: JENIFER L MORRIS

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01/21/2012

Electronic Signature of Signing Officer or Director

Date