

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000014972

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** R. P. WITT CONSTRUCTION, INC.

**Current Principal Place of Business:**

2021 ART MUSEUM DRIVE  
SUITE 200  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

12627 SAN JOSE BLVD  
SUITE 505  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

2021 ART MUSEUM DRIVE  
SUITE 200  
JACKSONVILLE, FL 32207

**New Mailing Address:**

12627 SAN JOSE BLVD  
SUITE 505  
JACKSONVILLE, FL 32223

**FEI Number:** 20-8727701

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WITT, RALPH P IV  
200 SILVER GLEN AVE.  
ST. AUGUSTINE, FL 32092 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: WITT, RALPH P IV  
Address: 200 SILVER GLEN AVE.  
City-St-Zip: ST. AUGUSTINE, FL 32092

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: RALPH PAUL WITT IV

PRES

02/17/2011

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

\_\_\_\_\_ Date