

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000094759

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** SUSAN A. PYLES, P.A.

**Current Principal Place of Business:**

173 WILLIAMS PARK  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

173 WILLIAMS PARK  
GREEN COVE SPRINGS, FL 32043 UN

**Current Mailing Address:**

173 WILLIAMS PARK  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

173 WILLIAMS PARK  
GREEN COVE SPRINGS, FL 32043 UN

**FEI Number:** 26-0773585

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PYLES, THORNTON N  
173 WILLIAMS PARK RD  
GREEN COVE SPRINGS, FL 32043 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: PST  
Name: PYLES, SUSAN A  
Address: 173 WILLIAMS PARK  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

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: SUSAN A PYLES

PST

04/21/2011

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

\_\_\_\_\_  
Date