

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000128953

FILED  
Mar 02, 2011  
Secretary of State

**Entity Name:** PAUL S. BOONE, ATTORNEY AT LAW, P.A.

**Current Principal Place of Business:**

9425 CONIFER RD  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

9425 CONIFER RD  
JACKSONVILLE, FL 32257 US

**Current Mailing Address:**

9425 CONIFER RD  
JACKSONVILLE, FL 32257

**New Mailing Address:**

9425 CONIFER RD  
JACKSONVILLE, FL 32257 US

**FEI Number:** 26-1511618

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOONE, PAUL S  
9425 CONIFER RD  
JACKSONVILLE, FL 32257 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: P  
Name: BOONE, PAUL S  
Address: 9425 CONIFER RD  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VP  
Name: BOONE, PAUL S  
Address: 9425 CONIFER RD  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: SEC  
Name: BOONE, PAUL S  
Address: 9425 CONIFER RD  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: TREA  
Name: BOONE, PAUL S  
Address: 9425 CONIFER RD  
City-St-Zip: JACKSONVILLE, FL 32257 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: PAUL S. BOONE

P

03/02/2011

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

\_\_\_\_\_  
Date