

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000026647

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** DOWNS GROUP OF PROFESSIONAL SERVICES, INC.

**Current Principal Place of Business:**

53 PAUL LANE  
PALM COAST, FL 32164 US

**New Principal Place of Business:**

**Current Mailing Address:**

53 PAUL LANE  
PALM COAST, FL 32164 US

**New Mailing Address:**

PO BOX 351668  
PALM COAST, FL 32135 US

**FEI Number:** 26-2025728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOWNS, JASON  
53 PAUL LANE  
PALM COAST, FL 32164 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: DOWNS, JASON  
Address: 53 PAUL LANE  
City-St-Zip: PALM COAST, FL 32164 US

Title: T  
Name: DOWNS, ANTONIETTA  
Address: 53 PAUL LANE  
City-St-Zip: PALM COAST, FL 32164 US

Title: S  
Name: DOWNS, ANTONIETTA  
Address: 53 PAUL LANE  
City-St-Zip: PALM COAST, FL 32164 US

Title: D  
Name: DOWNS, JASON  
Address: 53 PAUL LANE  
City-St-Zip: PALM COAST, FL 32164 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: JASON DOWNS

P

04/20/2011

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

\_\_\_\_\_  
Date