

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000033220

Entity Name: PROCOR CONSULTING INC

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9219 CR 121  
BRYCEVILLE, FL 32009 FL

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 322  
BALDWIN, FL 32234 US

**New Mailing Address:**

FEI Number: 26-2307266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STORMER, JAMES T  
9219 CR 121  
BRYCEVILLE, FL 32009 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: STORMER, JAMES T  
Address: 9219 CR 121  
City-St-Zip: JACKSONVILLE, FL 32009 US

Title: VP  
Name: MCEACHERN, JOHN W  
Address: 1804 SHOAL CREEK CIRC  
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: JAMES T. STORMER

PRES

04/15/2011

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

\_\_\_\_\_  
Date