2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

DOCUMENT# P08000110390

Entity Name: COMFORT ZONE OF NORTH FLORIDA, INC.

Current Principal Place of Business:

2716 CREEKRIDGE DR.
GREEN COVE SPGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

5000 US HWY 17
SUITE 18 #82
FLEMING ISLAND, FL 32003

New Mailing Address:

FEI Number: 26-3932975 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, MATTHEW S
2716 CREEKRIDGE DR
GREEN COVE SPGS, 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: DPT
Name: STANBERRY, CHRISTOPHER D
Address: 8819 RICARDO LANE
City-St-Zip: JACKSONVILLE, FL 32216

Title: DVS
Name: JONES, MATTHEW S
Address: 2716 CREEKRIDGE DR
City-St-Zip: GREEN COVE SPGS, FL 32043

Title: TRES
Name: STANBERRY, DANIEL E
Address: 1330 RUNNING BROOK CT
City-St-Zip: JACKSONVILLE, FL 32225

Title: SEC
Name: JONES, STACEY V
Address: 2716 CREEKRIDGE DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: CHRISTOPHER STANBERRY DPT 01/06/2012

Electronic Signature of Signing Officer or Director Date