

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000059498

Entity Name: D. R. REPASS, P.A.

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

501 RIVERSIDE AVENUE  
901  
JACKSONVILLE, FL 32250

**New Principal Place of Business:**

501 RIVERSIDE AVENUE  
901  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

501 RIVERSIDE AVENUE  
901  
JACKSONVILLE, FL 32250

**New Mailing Address:**

501 RIVERSIDE AVENUE  
901  
JACKSONVILLE, FL 32202

FEI Number: 80-0470276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REPASS, DAVID R  
501 RIVERSIDE AVENUE  
901  
JACKSONVILLE, FL 32202 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: REPASS, DAVID R  
Address: 501 RIVERSIDE AVENUE, SUITE 901  
City-St-Zip: JACKSONVILLE, FL 32202

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: DAVID REPASS

P

04/30/2012

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

\_\_\_\_\_  
Date