

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000081043

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** THE LAW OFFICE OF J. ARMANDO EDMISTON, P.A.

**Current Principal Place of Business:**

609 W. DE LEON ST.  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

609 W. DE LEON ST.  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 27-1040841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EDMISTON, JOHN A ESQ  
607 W. MARTIN LUTHER KING BOULEVARD  
A  
TAMPA, FL 33603 US

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

EDMISTON, JOHN A ESQ  
609 W. DE LEON ST  
TAMPA, FL 33606 US

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:** JOHN ARMANDO EDMISTON

02/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** EDMISTON, JOHN A ESQ  
**Address:** 684 VALLANCE WAY NE  
**City-St-Zip:** SAINT PETERSBURG, FL 33716

**Title:** S  
**Name:** EDMISTON, JOHN A ESQ  
**Address:** 684 VALLANCE WAY NE  
**City-St-Zip:** SAINT PETERSBURG, FL 33716

**Title:** T  
**Name:** EDMISTON, JOHN A  
**Address:** 684 VALLANCE WAY NE  
**City-St-Zip:** SAINT PETERSBURG, FL 33716

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:** J. ARMANDO EDMISTON

P

02/23/2011

Electronic Signature of Signing Officer or Director

Date