

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000103808

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** MAIGE, PAULK & ASSOCIATES, P.A.

**Current Principal Place of Business:**

1354 N. LAURA STREET  
JACKSONVILLE, FL 32206

**New Principal Place of Business:**

**Current Mailing Address:**

1354 N. LAURA STREET  
JACKSONVILLE, FL 32206

**New Mailing Address:**

**FEI Number:** 27-4452705

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLAZIER & GLAZIER, P.A.  
8825 PERIMETER PARK BOULEVARD, SUITE 504  
JACKSONVILLE, FL 32216 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: DPS  
Name: MAIGE, ROBERT L CPA  
Address: 847 OLD GROVE MANOR  
City-St-Zip: JACKSONVILLE, FL 32207

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: ROBERT L. MAIGE

PRES

01/06/2012

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

\_\_\_\_\_  
Date