

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000013307

FILED  
Jan 24, 2012  
Secretary of State

**Entity Name:** BARBARA CASON-HILLYARD, INC.

**Current Principal Place of Business:**

2546 GREEN SPRING DRIVE  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

2546 GREEN SPRING DRIVE  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

FEI Number: 27-4866569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CASON-HILLYARD, BARBARA  
2546 GREEN SPRING DRIVE  
JACKSONVILLE, FL 32246 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: CASON-HILLYARD, BARBARA  
Address: 2546 GREEN SPRING DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246 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: BARBARA CASON-HILLYARD

P

01/24/2012

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

\_\_\_\_\_  
Date