

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000040022

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** SHARRON MCLENDON COURT REPORTER, INC.

**Current Principal Place of Business:**

519 2ND AVE. SOUTH  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

519 2ND AVE. SOUTH  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

FEI Number: 01-0672976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCLENDON, SHARRON  
519 2ND AVE. SOUTH  
JACKSONVILLE BEACH, FL 32250 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: PRES  
Name: MCLENDON, SHARRON  
Address: 519 2ND AVE. SOUTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250 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: SHARRON A. MCLENDON

PRES

01/17/2012

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

\_\_\_\_\_ Date