

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000031387

FILED  
Apr 24, 2011  
Secretary of State

Entity Name: RIDDELL & ASSOCIATES, INC.

## Current Principal Place of Business:

3611 ST JOHNS BLUFF RD S  
SUITE # 1  
JACKSONVILLE, FL 32224 US

## New Principal Place of Business:

## Current Mailing Address:

3611 ST JOHNS BLUFF RD S  
SUITE # 1  
JACKSONVILLE, FL 32224 US

## New Mailing Address:

FEI Number: 59-3184112      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FANCHER, DARRELL R  
3611 ST. JOHNS BLUFF RDS, #1  
JACKSONVILLE, FL 32224 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: PTD  
Name: RIDDELL, WILLIAM G JR  
Address: 3611 ST. JOHNS BLUFF RD.S. #1  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VD  
Name: DELL, FREDERICK E  
Address: 4644 SWILCAN BRIDGE LN. S.  
City-St-Zip: JACKSONVILLE, FL 32224

Title: STD  
Name: FANCHER, DARRELL R  
Address: 3611 ST JOHNS BLUFF RD.S. #1  
City-St-Zip: JACKSONVILLE, FL 32224

Title: D  
Name: BRANT, BILL  
Address: 50 N LAURA ST STE 2750  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D  
Name: HOLMES, LOCKWOOD  
Address: 6550 ROOSEVELT BLVD  
City-St-Zip: JACKSONVILLE, FL 32244

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: DARRELL R FANCHER

STD

04/24/2011

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

\_\_\_\_\_  
Date