

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000037134

**Entity Name:** ROBERT L. MCLEOD II, P.A.

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1200 PLANTATION ISLAND DR. S.  
140  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

**Current Mailing Address:**

1200 PLANTATION ISLAND DR. S.  
140  
ST. AUGUSTINE, FL 32080 US

**New Mailing Address:**

**FEI Number:** 59-3245819

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCLEOD, ROBERT L II  
1200 PLANTATION ISLAND DR. S.  
140  
ST. AUGUSTINE, FL 32080 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: MCLEOD, ROBERT L II  
Address: 1200 PLANTATION ISLAND DR. S. #140  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: ST  
Name: MCLEOD, BARBARA F  
Address: 8950 OLD A1A  
City-St-Zip: SAINT AUGUSTINE, FL 32080

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 F. MCLEOD

ST

01/16/2012

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

\_\_\_\_\_  
Date