

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000030051

Entity Name: MARY HLAVAC, INC.

**FILED**  
**Feb 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12119 CRANEFOOT DRIVE  
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

**Current Mailing Address:**

12119 CRANEFOOT DRIVE  
JACKSONVILLE, FL 32223 US

**New Mailing Address:**

FEI Number: 59-3309181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HLAVAC, MARY T PRESIDE  
12119 CRANEFOOT DR  
JACKSONVILLE, FL 32223 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: DPTS  
Name: HLAVAC, MARY  
Address: 12119 CRANEFOOT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223

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: MARY HLAVAC

PRES

02/20/2011

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

\_\_\_\_\_  
Date