

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000004206

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA LAND MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

4827 ELIZABETH TER  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 37398  
JACKSONVILLE, FL 322367398

**New Mailing Address:**

**FEI Number:** 59-3360784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBISON, MARY A  
501 RIVERSIDE AVENUE  
SUITE 600  
JACKSONVILLE, FL 32202 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: D  
Name: MASK, SONNY  
Address: 4827 ELIZABETH TERRACE  
City-St-Zip: JACKSONVILLE, FL 32205

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: SONNY MASK

PRES

04/26/2012

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

\_\_\_\_\_  
Date