

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000024316

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** ASSOCIATES AND AVARD LAW OFFICES, P.A.

**Current Principal Place of Business:**

4814 VINCENNES ST  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

875 SE 47TH TERRACE  
CAPE CORAL, FL 33904 US

**Current Mailing Address:**

P.O. BOX 101110  
CAPE CORAL, FL 33910 US

**New Mailing Address:**

**FEI Number:** 59-3366312      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

AVARD-HICKS, CAROL A  
4814 VINCENNES STREET  
CAPE CORAL, FL 33904 US

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

AVARD-HICKS, CAROL A  
875 SE 47TH TERRACE  
CAPE CORAL, FL 33904 US

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

04/14/2011

Date

**OFFICERS AND DIRECTORS:**

**Title:** VPST  
**Name:** AVARD-HICKS, CAROL A  
**Address:** PO BOX 101110  
**City-St-Zip:** CAPE CORAL, FL 33910

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: CAROL A AVARD-HICKS

VPST

04/14/2011

Electronic Signature of Signing Officer or Director

Date