

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000030138

**FILED**  
**Jan 23, 2011**  
**Secretary of State**

**Entity Name:** J A MONTRONE & ASSOCIATES, INC.

**Current Principal Place of Business:**

11286 OAKRIDGE TRAIL DRIVE  
SEMINOLE, FL 33772 US

**New Principal Place of Business:**

**Current Mailing Address:**

11286 OAKRIDGE TRAIL DRIVE  
SEMINOLE, FL 33772 US

**New Mailing Address:**

**FEI Number:** 59-3371283

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONTRONE, JOYCE A  
8711 BLIND PASS ROAD, #309  
ST. PETERSBURG BEACH, FL 33706 US

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

FIORAVANTI, JOYCE A  
8711 BLIND PASS ROAD, #309  
ST. PETERSBURG BEACH, FL 33706 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: JOYCE A FIORAVANTI

01/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: FIORAVANTI, JOYCE A  
Address: 11286 OAKRIDGE TRAIL DRIVE  
City-St-Zip: SEMINOLE, FL 33772

Title: D  
Name: MONTRONE, JOSEPH JR  
Address: 11286 OAKRIDGE TRAIL DRIVE  
City-St-Zip: SEMINOLE, FL 33772

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: JOYCE A FIORAVANTI

PRES

01/23/2011

Electronic Signature of Signing Officer or Director

Date