

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000087699

Entity Name: WEKIVA CORNERS, INC.

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

420 S ORANGE AVE, STE 1200  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PATRICK T. CHRISTIANSEN ESQ.  
POST OFFICE BOX 231  
ORLANDO, FL 32802

**New Mailing Address:**

FEI Number: 59-3408395

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHRISTIANSEN, PATRICK T  
420 S ORANGE AVE, STE 1200  
ORLANDO, FL 32801 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: DTS  
Name: KNIGHT, JOHN E  
Address: 1443 KELSO BOULEVARD  
City-St-Zip: WINDERMERE, FL 34786

Title: DP  
Name: CHRISTIANSEN, PATRICK T  
Address: 420 S ORANGE AVE, STE 1200  
City-St-Zip: ORLANDO, FL 32801

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: PATRICK T. CHRISTIANSEN

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02/13/2012

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

\_\_\_\_\_  
Date