

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000099999

Entity Name: ROBERT E. DUPREE, P.A.

**FILED**  
**Jan 28, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

613 WILD BIRD LN  
SAINT AUGUSTINE, FL 32080

## **New Principal Place of Business:**

## **Current Mailing Address:**

613 WILD BIRD LANE  
ST AUGUSTINE, FL 32080

## **New Mailing Address:**

613 WILD BIRD LN  
SAINT AUGUSTINE, FL 32080

FEI Number: 59-3416926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUPREE, ROBERT E  
613 WILD BIRD LANE  
ST AUGUSTINE, FL 32080 US

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

DUPREE, ROBERT E SR.  
613 WILD BIRD LANE  
ST AUGUSTINE, FL 32080 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: ROBERT E. DUPREE SR.

01/28/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PTD  
Name: DUPREE, ROBERT E SR.  
Address: 613 WILD BIRD LANE  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: S  
Name: DUPREE, OMEGA C  
Address: 613 WILD BIRD LANE  
City-St-Zip: ST AUGUSTINE, FL 32080

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: ROBERT E. DUPREE, SR.

P

01/28/2011

Electronic Signature of Signing Officer or Director

Date