

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000034547

Entity Name: PRICE-JACKSONVILLE, INC.

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6278 DUPONT STATION CT  
SUITE ONE  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

6278 DUPONT STATION CT  
SUITE ONE  
JACKSONVILLE, FL 32217

**New Mailing Address:**

FEI Number: 59-3463341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PRICE, CHARLES B  
6278 DUPOPT STATION CT  
SUITE ONE  
JACKSONVILLE, FL 32217 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: PD  
Name: PRICE, SAMUEL  
Address: 6278 DUPONT STATION CT SUITE ONE  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VD  
Name: PRICE, CHARLES B  
Address: 6278 DUPONT STATION CT SUITE ONE  
City-St-Zip: JACKSONVILLE, FL 32217

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: CHARLES PRICE

D

02/01/2012

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

\_\_\_\_\_  
Date