

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000001253

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** HALCYON E. SKINNER, P.A.

**Current Principal Place of Business:**

50 NORTH LAURA STREET  
SUITE 3300  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

50 NORTH LAURA STREET  
SUITE 3300  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number: 59-3485375

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SKINNER, HALCYON E  
50 NORTH LAURA STREET  
SUITE 3300  
JACKSONVILLE, FL 32202 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: P/D  
Name: SKINNER, HALCYON E  
Address: 50 NORTH LAURA STREET SUITE 3300  
City-St-Zip: JACKSONVILLE, FL 32202

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: HALCYON E. SKINNER

P

01/06/2012

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

\_\_\_\_\_  
Date