

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000009855

Entity Name: FARIES & ASSOCIATES, INC.

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

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

432 SEAGATE AVE  
NEPTUNE BEACH, FL 32266 US

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

4730 SAN JOSE MANOR DR W  
# 4  
JACKSONVILLE, FL 32217 US

## **Current Mailing Address:**

432 SEAGATE AVE  
NEPTUNE BEACH, FL 32266 US

## **New Mailing Address:**

4730 SAN JOSE MANOR DR W  
# 4  
JACKSONVILLE, FL 32217 US

FEI Number: 59-3495109

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FARIES, WILLIAM H  
432 SEAGATE AVE  
NEPTUNE BEACH, FL 32266 US

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

FARIES, WILLIAM H  
4730 SAN JOSE MANOR DR W  
# 4  
JACKSONVILLE, FL 32217 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: WILLIAM H. FARIES

01/11/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: FARIES, WILLIAM H  
Address: 4730 SAN JOSE MANOR DR W # 4  
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: WILLIAM H. FARIES

PSTD

01/11/2012

Electronic Signature of Signing Officer or Director

Date