

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000072754

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

**Entity Name:** GARY PEACOCK, CPA, P.A.

**Current Principal Place of Business:**

4417 BEACH BLVD  
SUITE 200  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

4417 BEACH BLVD  
SUITE 200  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

PEACOCK, GARY  
4417 BEACH BLVD  
SUITE 200  
JACKSONVILLE, FL 32207 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: PST  
Name: PEACOCK, GARY  
Address: 4417 BEACH BLVD #200  
City-St-Zip: JACKSONVILLE, FL 32207 US

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: GARY PEACOCK

PST

04/13/2012

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

\_\_\_\_\_ Date