

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S18744

FILED  
Apr 24, 2012  
Secretary of State

Entity Name: WARD, DAMON & POSNER, P.A.

**Current Principal Place of Business:**

4420 BEACON CIRCLE  
SUITE 100  
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

4420 BEACON CIRCLE  
SUITE 100  
WEST PALM BEACH, FL 33407 US

**New Mailing Address:**

FEI Number: 65-0230315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WARD DAMON BUSINESS SERVICES, LLC  
4420 BEACON CIRCLE  
SUITE 100  
WEST PALM BEACH, FL 33407 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: DPT  
Name: WARD, PHILIP H III  
Address: 4420 BEACON CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DVS  
Name: DAMON, CONRAD  
Address: 4420 BEACON CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: DV  
Name: POSNER, MICHAEL J  
Address: 4420 BEACON CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33407

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: PHILIP H WARD, III

DPT

04/24/2012

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

\_\_\_\_\_  
Date