

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 577947

**Entity Name:** EDWARDS AND RAGATZ, P.A.

**Current Principal Place of Business:**

501 RIVERSIDE AVE  
SUITE 601  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

501 RIVERSIDE AVE  
SUITE 601  
JACKSONVILLE, FL 32202

**FEI Number:** 59-1880831

**Certificate of Status Desired:** No

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

EDWARDS, THOMAS SJR  
501 RIVERSIDE AVENUE  
SUITE 601  
JACKSONVILLE, FL 32202 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PS  
Name EDWARDS, THOMAS SJR  
Address 501 RIVERSIDE AVE., SUITE 601  
City-State-Zip: JACKSONVILLE FL 32202

Title VPT  
Name RAGATZ, ERIC C  
Address 501 RIVERSIDE AVE., SUITE 601  
City-State-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:** THOMAS S. EDWARDS, JR

**PRESIDENT**

**03/27/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date