## 2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H60884

Entity Name: TREECE AND TREECE P.A.

**Current Principal Place of Business:** 

4465 BAYMEADOWS RD.

STE. 2

JACKSONVILLE, FL 32217

**Current Mailing Address:** 

4465 BAYMEADOWS RD.

STE. 2

JACKSONVILLE, FL 32217 US

FEI Number: 59-2539261 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TREECE, THOMAS D .4465 BAYMEADOWS RD.

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: THOMAS D TREECE 01/27/2025

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title Title SV

TREECE, THOMAS D. TREECE, DEBRA C Name Name 4465 BAYMEADOWS RD.

4316 KINCARDINE DR. Address Address City-State-Zip: JACKSONVILLE FL 32257

STE. 2

City-State-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: THOMAS TREECE Electronic Signature of Signing Officer/Director Detail

01/27/2025 **PRESIDENT** 

**FILED** Jan 27, 2025

**Secretary of State** 

5651836190CC

Date