

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000038416

FILED  
May 03, 2011  
Secretary of State

**Entity Name:** TRACEY LYNN KIRCHAIN, P.A.

**Current Principal Place of Business:**

521 N. BRIDGESTONE AVE.  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

521 N. BRIDGESTONE AVE.  
JACKSONVILLE, FL 32259

**New Mailing Address:**

FEI Number: 59-3642118

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KIRCHAIN, TRACEY  
521 N. BRIDGESTONE AVE.  
JACKSONVILLE, FL 32259 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: PSD  
Name: KIRCHAIN, TRACEY  
Address: 521 N. BRIDGESTONE AVE.  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VTD  
Name: KIRCHAIN, ALAN  
Address: 521 N. BRIDGESTONE AVE.  
City-St-Zip: JACKSONVILLE, FL 32259

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: TRACEY KIRCHAIN

PRES

05/03/2011

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

\_\_\_\_\_ Date