

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000004086

**Entity Name:** RESTOCKIT, INC.

**Current Principal Place of Business:**

8229 SANDY CT  
SAVAGE, MD 20763

**Current Mailing Address:**

8229 SANDY CT  
SAVAGE, MD 20763

**FEI Number:** 46-1129997

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DCP  
Name ATTMAN, RONALD M  
Address 8229 SANDY CT  
City-State-Zip: SAVAGE MD 20763

Title CEO  
Name ATTMAN, RONALD M  
Address 8229 SANDY CT  
City-State-Zip: SAVAGE MD 20763

Title DV  
Name ATTMAN, DAVID T  
Address 8229 SANDY CT  
City-State-Zip: SAVAGE MD 20763

Title DV  
Name ATTMAN, STEVEN W  
Address 8229 SANDY CT  
City-State-Zip: SAVAGE MD 20763

Title DST  
Name ATTMAN, GARY L  
Address 8229 SANDY CT  
City-State-Zip: SAVAGE MD 20763

*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: RONALD ATTMAN**

**CEO**

**01/09/2014**

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

\_\_\_\_\_  
Date