# 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: E.M. WRIGHT

Electronic Signature of Signing Officer/Director Detail

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

330 COUNTRY CIRCLE DRIVE, WEST PORT ORANGE, FL 32128

### **Current Mailing Address:**

P. O. BOX 291298 PORT ORANGE. FL 32129 US

## FEI Number: 59-2105346

# Name and Address of Current Registered Agent:

WRIGHT, E.M. 330 COUNTRY CIR DR, WEST PORT ORANGE, FL 32128 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

# **Officer/Director Detail :**

Title	PSD	Title	VPD
Name	WRIGHT, E.M.	Name	WRIGHT, P.D.
Address	330 COUNTRY CIR DR WEST	Address	330 COUNTRY CIR DR, WEST
City-State-Zip:	PORT ORANGE FL 32128	City-State-Zip:	PORT ORANGE FL 32128

PRESIDENT

05/13/2014 Date

FILED May 13, 2014 Secretary of State CC4445263208

Certificate of Status Desired: No

Date