

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M78615

**Entity Name:** STRATEGIS CPAS & CONSULTANTS, P.A.

**Current Principal Place of Business:**

15955 N. FLORIDA AVENUE  
SUITE 101  
LUTZ, FL 33549-8103

**Current Mailing Address:**

15955 N. FLORIDA AVENUE  
SUITE 101  
LUTZ, FL 33549-8103 US

**FEI Number: 59-2886500**

**Certificate of Status Desired: No**

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

SANFORD, BLAIN  
15955 N. FLORIDA AVENUE  
SUITE 101  
LUTZ, FL 33549-8103 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            PD  
Name            SANFORD, R BLAIN  
Address        6613 THOROUGHFBRED LOOP  
City-State-Zip: ODESSA FL 33556

Title            ST  
Name            SANFORD, KAREN A  
Address        6613 THOROUGHFBRED LOOP  
City-State-Zip: ODESSA FL 33556

*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: KAREN A. SANFORD**

**SECRETARY/TREASURER 01/29/2014**

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

\_\_\_\_\_  
Date