

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000051021

**Entity Name:** C2 ADVISORS INC.

**Current Principal Place of Business:**

3215 GREENS AVE.  
ORLANDO, FL 32804

**Current Mailing Address:**

3215 GREENS AVE.  
ORLANDO, FL 32804 US

**FEI Number:** 20-8947293

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA FL 33612-3425 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            PRES  
Name            COATS, CARI H  
Address        3215 GREENS AVE.  
City-State-Zip: ORLANDO FL 32804

Title            PRES  
Name            COATS, CARI H  
Address        3215 GREENS AVE.  
City-State-Zip: ORLANDO FL 32804

Title            SECT  
Name            COATS, CARI H  
Address        3215 GREENS AVE.  
City-State-Zip: ORLANDO FL 32804

Title            DIR  
Name            COATS, CARI H  
Address        3215 GREENS AVE.  
City-State-Zip: ORLANDO FL 32804

*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:** CARI H. COATS

**PRESIDENT**

**01/29/2014**

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

\_\_\_\_\_  
Date