

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 141959

**FILED  
Jan 10, 2015  
Secretary of State  
CC7018143726**

**Entity Name:** R.W. CALDWELL INC.

**Current Principal Place of Business:**

5201 GULFPORT BLVD.  
GULFPORT, FL 33707

**Current Mailing Address:**

5201 GULFPORT BLVD.  
GULFPORT, FL 33707

**FEI Number:** 59-0521896

**Certificate of Status Desired:** No

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

HORNSLETH, POUL  
5201 GULFPORT BOULEVARD  
GULFPORT, FL 33707 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 HORNSLETH, POUL  
Address 2846 SKIMMER PT DR  
City-State-Zip: GULFORT FL 33707

Title VSTD  
Name HORNSLETH, APRIL CALDWELL  
Address 2846 SKIMMER PT. DR.  
City-State-Zip: GULFPORT FL 33707

Title VD  
Name SEPÚLVEDA, ROBERT, JR  
Address 6614 FLAMINGO WAY S  
City-State-Zip: GULFPORT FL 33707

*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:** POUL HORNSLETH

PD

01/10/2015

Electronic Signature of Signing Officer/Director Detail

Date