

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 141959

**FILED**  
**Jan 22, 2016**  
**Secretary of State**  
**CC5543208048**

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

**PRESIDENT**

**01/22/2016**

Electronic Signature of Signing Officer/Director Detail

Date