

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 654895

**Entity Name:** SHARON L. NETZLEY, MARINE DOCUMENTATION SPECIALIST, INC.

**FILED**  
**Apr 05, 2017**  
**Secretary of State**  
**CC2343838097**

**Current Principal Place of Business:**

3261 ANZA STREET  
VIERA, FL 32940

**Current Mailing Address:**

3261 ANZA STREET  
VIERA, FL 32940 US

**FEI Number:** 59-1972915

**Certificate of Status Desired:** No

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

SAXON, BENJAMIN Y., ESQ.  
111 S. SCOTT STREET  
MELBOURNE, FL 32901 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           | VPD                |
| Name            | NETZLEY, SHARON L | Name            | NETZLEY, TIMOTHY J |
| Address         | 3261 ANZA STREET  | Address         | 3261 ANZA STREET   |
| City-State-Zip: | VIERA FL 32940    | City-State-Zip: | VIERA FL 32940     |

*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:** SHARON NETZLEY

**PRESIDENT**

**04/05/2017**

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

\_\_\_\_\_  
Date