

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000095707

**Entity Name:** M. RAKIC, INC.

**Current Principal Place of Business:**

12569 PHILIPS HWY  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

12691 FILLY CT.  
JACKSONVILLE, FL 32223

**FEI Number:** 36-4397947

**Certificate of Status Desired:** No

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

RAKIC, MUSTAFA  
12691 FILLY CT.  
JACKSONVILLE, FL 32223 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 DPVS  
Name RAKIC, MUSTAFA  
Address 12691 FILLY CT.  
City-State-Zip: JACKSONVILLE FL 32223

Title T  
Name RAKIC, MUSTAFA  
Address 12691 FILLY CT.  
City-State-Zip: JACKSONVILLE FL 32223

*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:** MUSTAFA RAKIC

**OWNER/PRESIDENT**

**03/29/2014**

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

\_\_\_\_\_  
Date