

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000044927

**Entity Name:** WET PAINT OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

11644 W RIDE DRIVE  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

11644 W RIDE DRIVE  
JACKSONVILLE, FL 32223

**FEI Number:** 02-0570631

**Certificate of Status Desired:** No

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

SPECKHAHN-ABRAMS, TRACEY  
11644 W RIDE DRIVE  
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:** TRACEY SPECKHAHN-ABRAMS

02/06/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VSTD  
Name SPECKHAHN-ABRAMS, TRACEY  
Address 11644 W RIDE DRIVE  
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:** TRACEY SPECKHAHN-ABRAMS

PRES.

02/06/2014

Electronic Signature of Signing Officer/Director Detail

Date