

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000041916

**FILED**  
**Jan 18, 2015**  
**Secretary of State**  
**CC8899140958**

**Entity Name:** TOTAL EVENT & ASSOCIATION MANAGEMENT, INC.

**Current Principal Place of Business:**

2409 SE DIXIE HWY.  
STUART, FL 34996

**Current Mailing Address:**

2409 SE DIXIE HWY.  
STUART, FL 34996

**FEI Number: 43-2009523**

**Certificate of Status Desired: No**

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

JAWORSKI, JANET L  
2409 SE DIXIE HWY.  
STUART, FL 34996 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	D	Title	D
Name	JAWORSKI, JANET L	Name	JAWORSKI, CASIMIR F
Address	2409 SE DIXIE HWY.	Address	2409 SE DIXIE HWY.
City-State-Zip:	STUART FL 34996	City-State-Zip:	STUART FL 34996

*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: JANET JAWORSKI**

**PRESIDENT**

**01/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date