

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000025005

**Entity Name:** HUSTRULID TECHNOLOGIES INCORPORATED

**FILED**  
**Jan 15, 2016**  
**Secretary of State**  
**CC4133564687**

**Current Principal Place of Business:**

27911 CROWN LAKE BL  
#104  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

PO BOX 579  
BONITA SPRINGS, FL 34133 US

**FEI Number: 20-2349233**

**Certificate of Status Desired: No**

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

HUSTRULID, ANDREW  
27911 CROWN LAKE BLVD.  
SUITE 104  
BONITA SPRINGS, FL 34135 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: ANDREW I HUSTRULID**

**01/15/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HUSTRULID, GINGER  
Address 27911 CROWN LAKE BL  
#104  
City-State-Zip: BONITA SPRINGS FL 34135

Title V  
Name HUSTRULID, ANDREW  
Address 27911 CROWN LAKE BL  
#104  
City-State-Zip: BONITA SPRINGS FL 34135

Title S  
Name HUSTRULID, ANDREW  
Address 27911 CROWN LAKE BL  
#104  
City-State-Zip: BONITA SPRINGS FL 34135

Title T  
Name HUSTRULID, ANDREW  
Address 27911 CROWN LAKE BL  
#104  
City-State-Zip: BONITA SPRINGS FL 34135

Title D  
Name HUSTRULID, GINGER  
Address 27911 CROWN LAKE BL  
#104  
City-State-Zip: BONITA SPRINGS FL 34135

*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: GINGER L. HUSTRULID**

**PRESIDENT**

**01/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date