

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000040101

**Entity Name:** MUTUAL AID SUPPLIES, INC.

**Current Principal Place of Business:**

181 CR 126  
# 15  
ATHENS, TN 37303

**Current Mailing Address:**

PO BOX 29  
SWEETWATER, TN 37874 US

**FEI Number:** 68-0604113

**Certificate of Status Desired:** No

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

IRIZARRY, CAMELIA RA  
1824 PRAIRIE DUNES CIR N.  
LAKELAND, FL 33810 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 P/CEO/DIRECTOR  
Name IRIZARRY, ROBERTO J  
Address PO BOX 29  
City-State-Zip: SWEETWATER TN 37874

Title RA  
Name IRIZARRY, CAMELIA R  
Address 1824 PRAIRIE DUNES CIR N.  
City-State-Zip: LAKELAND FL 33810

*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:** ROBERTO IRIZARRY

CEO

03/01/2015

Electronic Signature of Signing Officer/Director Detail

Date