

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000040101

Entity Name: MUTUAL AID SUPPLIES, INC.

Current Principal Place of Business:

125 LEES CHAPEL RD
SWEETWATER, TN 37874

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
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

P/CEO

03/17/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date