

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167541

Entity Name: GENERATIONS METIER, INC.**Current Principal Place of Business:**883 NE 27TH LN
UNIT #1
CAPE CORAL, FL 33909**Current Mailing Address:**883 NE 27TH LN
UNIT #1
CAPE CORAL, FL 33909**FEI Number:** 35-2265478**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORROW, STEPHEN D
883 N. E. 27TH LANE
UNIT #1
CAPE CORAL, FL 33909 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 DIRECTOR, PRESIDENT
Name MORROW, STEPHEN D
Address 883 N.E. 27TH LANE UNIT #1
City-State-Zip: CAPE CORAL FL 33909Title O
Name MORROW, JUSTIN C
Address 101 N.W. 25TH AVE
City-State-Zip: CAPE CORAL FL 33993Title V
Name MORROW, NATHAN D
Address 836 WHISPERING PINES RD
City-State-Zip: CAPE CORAL FL 33993Title S
Name MORROW, MATTHEW S
Address 3324 DELILAH DRIVE
City-State-Zip: CAPE CORAL FL 33993Title OFFICER
Name MORROW, CAROL C
Address 883 N.E. 27TH LANE UNIT #1
City-State-Zip: CAPE CORAL FL 33909

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: CAROL C. MORROW**OFFICER****02/27/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date