

**2021 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  
1714 N.W. 24TH PLACE  
CAPE CORAL, FL 33993 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 1714 NW 24TH PL  
City-State-Zip: CAPE CORAL FL 33993Title O  
Name MORROW, JUSTIN C  
Address 101 N.W. 25TH AVE  
City-State-Zip: CAPE CORAL FL 33993Title V  
Name MORROW, NATHAN D  
Address 12083 MATLACHA ISLES  
City-State-Zip: CAPE CORAL FL 33991Title S  
Name MORROW, MATTHEW S  
Address 3324 DELILAH DRIVE  
City-State-Zip: CAPE CORAL FL 33993Title OFFICER  
Name MORROW, CAROL C  
Address 1714 NW 24TH PLACE  
City-State-Zip: CAPE CORAL FL 33993

*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 MORROW

OFFICER

02/04/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date