

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000059377

Entity Name: DROP OUT INC

Current Principal Place of Business:

5387 SHORELINE CIRCLE
SANFORD, FL 32771

Current Mailing Address:

5387 SHORELINE CIRCLE
SANFORD, FL 32771 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUFFMAN, MARK
5387 SHORELINE CIRCLE
SANFORD, FL 32771 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 FREEMAN, PHILLIP
Address 524 CANDY ROST CT.
City-State-Zip: SAINT JOHNS FL 32259

Title P
Name HUFFMAN, MARK
Address 5387 SHORELINE CIRCLE
City-State-Zip: SANFORD FL 32771

Title P
Name WETMORE, JASON
Address 877 WESTPORT DR
City-State-Zip: ROCKLEDGE FL 32955

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: MARK HUFFMAN

PRESIDENT

01/06/2014

Electronic Signature of Signing Officer/Director Detail

Date