

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000059377

**Entity Name:** DROP OUT INC

**Current Principal Place of Business:**

817 WESTPORT DR  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

817 WESTPORT DR  
ROCKLEDGE, FL 32955 US

**FEI Number:** 20-4770887

**Certificate of Status Desired:** No

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

HUFFMAN, MARK  
817 WESTPORT DR  
ROCKLEDGE, FL 32955 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 VP  
Name FREEMAN, PHILLIP  
Address 108 SAINT JOHN LANDING  
City-State-Zip: WINTER SPRINGS FL 32708

Title VP  
Name HUFFMAN, MARK  
Address 316 LAKE BRITTANY DR  
City-State-Zip: LAKE MARY FL 32746

Title VP  
Name WETMORE, JASON  
Address 817 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:** JASON WETMORE

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03/28/2021

Electronic Signature of Signing Officer/Director Detail

Date