

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000053014

**Entity Name:** ACCIDENT/TRAUMA SCENE CLEANERS -TAMPA, INC.

**Current Principal Place of Business:**

1418 E BUSCH BLVD  
STE 203  
TAMPA, FL 33612

**Current Mailing Address:**

PO BOX 7395  
TAMPA, FL 33673

**FEI Number: 26-2708167**

**Certificate of Status Desired: No**

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

HENSON, MARK W  
1418 E BUSCH BLVD  
STE 203  
TAMPA, FL 33612 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	Title	VP
Name	HENSON, MARK W	Name	POLSON, GEOFF D
Address	1801 W SITKA ST	Address	304 E. NORTH ST
City-State-Zip:	TAMPA FL 33604	City-State-Zip:	TAMPA FL 33604

*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 W HENSON**

**PRESIDENT**

**04/25/2014**

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

\_\_\_\_\_  
Date