

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000004299

**Entity Name:** CODA OCTOPUS PRODUCTS, INC.

**Current Principal Place of Business:**

4020 KIDRON RD.  
SUITE #4  
LAKELAND, FL 33811

**Current Mailing Address:**

4020 KIDRON RD.  
SUITE #4  
LAKELAND, FL 33811 US

**FEI Number:** 52-2088241

**Certificate of Status Desired:** No

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

AGOR, MIKE  
4020 KIDRON RD.  
SUITE #4  
LAKELAND, FL 33811 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 AGOR, MIKE  
Address 4020 KIDRON RD.  
City-State-Zip: LAKELAND FL 33811

Title DIR  
Name GAYLE, ANNMARIE  
Address 4020 KIDRON RD.  
City-State-Zip: LAKELAND FL 33811

Title DIR  
Name CUNNINGHAM, BLAIR  
Address 4020 KIDRON RD.  
City-State-Zip: LAKLAND FL 33811

Title DIR  
Name AULD, STEPHEN  
Address 4020 KIDRON RD.  
City-State-Zip: LAKELAND FL 33811

Title CFO  
Name MIDGLEY, MIKE  
Address 4020 KIDRON RD.  
SUITE #4  
City-State-Zip: LAKELAND FL 33811

*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:** MIKE MIDGLEY

**CFO**

**01/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date