

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000016314

**Entity Name:** TEAM5G INC.

**Current Principal Place of Business:**

688 FERNCLIFF DR.  
PORT ORANGE, FL 32127

**Current Mailing Address:**

688 FERNCLIFF DR.  
PORT ORANGE, FL 32127

**FEI Number:** 46-2074615

**Certificate of Status Desired:** No

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

EVANS, DAVID L  
688 FERNCLIFF DR.  
PORT ORANGE, FL 32127 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 EVANS, DAVID L  
Address 688 FERNCLIFF DR.  
City-State-Zip: PORT ORANGE FL 32127

Title VP  
Name SCHONSHECK, DAROLD N  
Address 3529 TUSCANY RESERVE BLVD.  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title VP  
Name SANTUS, MARK W  
Address 1715 RIDGE AVE.  
City-State-Zip: HOLLY HILL FL 32117

Title VP  
Name EVANS, ROBERT I  
Address 688 FERNCLIFF DR.  
City-State-Zip: PORT ORANGE FL 32127

Title VP  
Name EVANS, CHRISTOPHER D  
Address 236 BAUER CR.  
City-State-Zip: DAYTONA BEACH FL 32124

*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:** DAVID L. EVANS

**PRESIDENT**

**01/16/2015**

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

\_\_\_\_\_  
Date