

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000054032

Entity Name: FACILITY SOLUTIONS FL INC.**Current Principal Place of Business:**5 DAMON ROAD
RAYMOND, ME 04071**Current Mailing Address:**PO BOX 241
RAYMOND, ME 04071**FEI Number:** 01-0516146**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOBENS, PETER F
9618 RICHMOND CIRCLE
BOCA RATON, FL 33434 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	PRESIDENT
Name	LAFORD, KATI M
Address	31 HIGH STREET
City-State-Zip:	TEMPLETON MA 01468

Title	VP
Name	MURRAY, DEBORRAH W
Address	PO BOX 241
City-State-Zip:	RAYMOND ME 04071

Title	VP
Name	TRAVEZ, GEORGINA
Address	1817 PENRITH LOOP
City-State-Zip:	ORLANDO FL 32824

Title	REGISTERED AGENT
Name	MURRAY, ROBERT E
Address	5 DAMON ROAD
City-State-Zip:	RAYMOND ME 04071

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: DEBORRAH W. MURRAY

VCE PRESIDENT

02/03/2022

Electronic Signature of Signing Officer/Director Detail_____
Date