

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000015057

**Entity Name:** APOCALYPTIC INC

**Current Principal Place of Business:**

3592 ALOMA AVE  
SUITE 9 & 10  
WINTER PARK, FL 32792

**Current Mailing Address:**

% BARBARA ROSE  
9522 CULLOWHEE CT  
ORLANDO, FL 32817 US

**FEI Number:** 46-4848924

**Certificate of Status Desired:** Yes

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

ROSE, BARBARA J  
3592 ALOMA AVE  
SUITE 9 & 10  
WINTER PARK, FL 32792 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 ROSE, BRIAN O  
Address 9522 CULLOWHEE CT  
City-State-Zip: ORLANDO FL 32817

Title TREA  
Name ROSE, BARBARA J  
Address 9522 CULLOWHEE CT  
City-State-Zip: ORLANDO FL 32817

Title SECY  
Name ROSE, BARBARA J  
Address 9522 CULLOWHEE CT  
City-State-Zip: ORLANDO FL 32817

*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:** BARBARA ROSE

**TREASURER**

**01/15/2015**

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

\_\_\_\_\_  
Date