

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000018596

**Entity Name:** A2Z OUTDOOR SERVICES, INC.

**Current Principal Place of Business:**

391 MAGNOLIA PLACE  
DEBARY, FL 32713

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC9129365482**

**Current Mailing Address:**

391 MAGNOLIA PLACE  
DEBARY, FL 32713

**FEI Number: 47-3874400**

**Certificate of Status Desired: No**

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

BERRY, MATTHEW P  
391 MAGNOLIA PLACE  
DEBARY, FL 32713 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 BERRY, MATTHEW P  
Address 391 MAGNOLIA PLACE  
City-State-Zip: DEBARY FL 32713

Title VP  
Name BERRY, MATTHEW P  
Address 391 MAGNOLIA PLACE  
City-State-Zip: DEBARY, FL 32713

Title S  
Name BERRY, MATTHEW P  
Address 391 MAGNOLIA PLACE  
City-State-Zip: DEBARY FL 32713

Title T  
Name BERRY, MATTHEW P  
Address 391 MAGNOLIA PLACE  
City-State-Zip: DEBARY FL 32713

Title D  
Name BERRY, MATTHEW P  
Address 391 MAGNOLIA PLACE  
City-State-Zip: DEBARY FL 32713

*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: MATTHEW P BERRY**

**PVPSTD**

**04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date