

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000023362

**Entity Name:** CODE ONE CONCEALMENT CORP.

**Current Principal Place of Business:**

17294 30 LANE N.  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

17294 30 LANE N.  
LOXAHATCHEE, FL 33470

**FEI Number:** 46-5191047

**Certificate of Status Desired:** No

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

PLAPPERT, WILLIAM  
17294 30 LANE N.  
LOXAHATCHEE, FL 33470 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	Title	V
Name	PLAPPERT, WILLIAM J	Name	PLAPPERT, BELKIS A
Address	17294 30 LANE N.	Address	17294 30 LANE N.
City-State-Zip:	LOXAHATCHEE FL 33470	City-State-Zip:	LOXAHATCHEE FL 33470

*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:** BELKIS PLAPPERT

VP

04/14/2015

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

\_\_\_\_\_  
Date