

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000092464

**FILED  
Apr 28, 2015  
Secretary of State  
CC3045466863**

**Entity Name:** OCCM COMPLIANCE SOLUTIONS INCORPORATED

**Current Principal Place of Business:**

1870 S. AIR PARK RD.  
EDGEWATER, FL 32141

**Current Mailing Address:**

1870 S. AIR PARK RD.  
EDGEWATER, FL 32141

**FEI Number:** 47-2695054

**Certificate of Status Desired:** No

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

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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 CROSS, DON  
Address 1870 S. AIR PARK RD.  
City-State-Zip: EDGEWATER FL 32141

Title VP  
Name WEINIGER, STEVEN  
Address 3000 OLD ALABAMA RD, SUITE 119-352  
City-State-Zip: ALPHARETTA GA 30022

Title S  
Name CROSS, SANDRA  
Address PO BOX 291151  
City-State-Zip: PORT ORANGE FL 32129

Title T  
Name NORTH, RENEE  
Address 3000 OLD ALABAMA RD, SUITE 119-352  
City-State-Zip: ALPHARETTA GA 30022

*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:** DON M CROSS

**PRESIDENT**

**04/28/2015**

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

\_\_\_\_\_  
Date