

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000002657

**Entity Name:** TREMIRUS, INC.

**Current Principal Place of Business:**

22314 ADORN AVE.  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

P.O. BOX 380833  
MURDOCK, FL 33938 US

**FEI Number:** 47-2783168

**Certificate of Status Desired:** Yes

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

COZZETTE, SHARON  
22314 ADORN AVE  
PORT CHARLOTTE, FL 33952 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:** SHARON COZZETTE

01/30/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name COZZETTE, SHARON  
Address 22314 ADORN AVE  
City-State-Zip: PORT CHARLOTTE FL 33952

Title VP  
Name HALUSKA, THOMAS  
Address 4085 SE WESTFIELD STREET  
City-State-Zip: STUART FL 34997

Title S, T  
Name SPARKS, DON  
Address 2701 BLUE HERRING VILLAGE  
City-State-Zip: DELAND FL 32720

*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:** SHARON COZZETTE

PRESIDENT

01/30/2018

Electronic Signature of Signing Officer/Director Detail

Date