

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000041969

**Entity Name:** 1645, INC.

**Current Principal Place of Business:**

1645 EAST HIGHWAY 50  
SUITE 202  
CLERMONT, FL 34711

**Current Mailing Address:**

P.O. BOX 121381  
CLERMONT, FL 34712 US

**FEI Number:** 30-0875055

**Certificate of Status Desired:** No

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

GERACI-CARVER, ANITA  
1560 BLOXAM AVENUE  
CLERMONT, FL 34711 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 D  
Name STRINGFELLOW, JAYSON  
Address PO BOX 120788  
City-State-Zip: CLERMONT FL 34712

Title D  
Name MENEFEE, FRANK  
Address 2444 BAR HARBOR BAY  
City-State-Zip: MOUNT DORA FL 32757

Title D  
Name MENEFEE, ELLA MAY  
Address 2444 BAR HARBOR BAY  
City-State-Zip: MOUNT DORA FL 32757

*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:** JAYSON STRINGFELLOW

D

02/06/2017

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

\_\_\_\_\_  
Date