PANAMA (	CITY BEACH, FL 324	08 US			
FEI Number: 82-1073285				Certificate of Status Desired	I: No
Name and Address of Current Registered Agent:					
SUITE 570 ORLANDO, F	ISON STREET L 32801 US	t for the numose of channing its regi	tered office or rea	istered agent, or both, in the State of Florida	
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	PVST		Title	D	
Name	SACCO, FRANCIS		Name	SACCO, FRANCIS	
Address	4113 LUFF ST		Address	4113 LUFF ST	

## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000029133

Entity Name: SACCOSYSTEMS, INC.

#### **Current Principal Place of Business:**

4113 LUFF ST PANAMA CITY BEACH, FL 32408

### **Current Mailing Address:**

4113 LUFF ST PAI

City-State-Zip: PANAMA CITY BEACH FL 32408

### FEI

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: FRANCIS A SACCO

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 11, 2019 **Secretary of State** 7926967835CC

City-State-Zip: PANAMA CITY BEACH FL 32408

OWNER

04/11/2019 Date