

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000028929

**Entity Name:** 919 GP, INC.

**Current Principal Place of Business:**

100 EAST SYBELIA AVENUE  
SUITE 120  
MAITLAND, FL 32751

**Current Mailing Address:**

100 EAST SYBELIA AVENUE  
SUITE 120  
MAITLAND, FL 32751

**FEI Number:** 59-3442323

**Certificate of Status Desired:** No

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

HAGLE, MARC L  
100 EAST SYBELIA AVENUE  
SUITE 120  
MAITLAND, FL 32751 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           PTD  
Name           HAGLE, MARC L  
Address        100 EAST SYBELIA AVE, STE 120  
City-State-Zip: MAITLAND FL 32751

Title           VSAS  
Name           LANGFORD, SHARON  
Address        100 E SYBELIA AVE STE 120  
City-State-Zip: MAITLAND FL 32751

Title           AS  
Name           POWERS, VIVIAN  
Address        100 EAST SYBELIA AVENUE STE. 120  
City-State-Zip: MAITLAND FL 32751

*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:** VIVIAN POWERS

**ASSISTANT SECRETARY**   02/04/2014

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

\_\_\_\_\_  
Date