## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S49648

Entity Name: COAST TO COAST SPRINKLERS, INC.

# **Current Principal Place of Business:**

4031 LAMSON AVE SUITE 2 SPRING HILL, FL 34608

#### **Current Mailing Address:**

4031 LAMSON AVE SUITE 2 SPRING HILL, FL 34608 US

## FEI Number: 59-3070632

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

DEWEESE, MITCHELL P. 226 NW MAGNOLIA CIRCLE CRYSTAL RIVER, FL 34428 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

#### **Officer/Director Detail :**

| Title           | DPT                        | Title           | S                      |
|-----------------|----------------------------|-----------------|------------------------|
| Name            | DEWEESE, MITCHELL P        | Name            | DEWEESE, MITCHELL P    |
| Address         | 226 NW MAGNOLIA CIRCLE     | Address         | 226 NW MAGNOLIA CIRCLE |
| City-State-Zip: | CRYSTAL RIVER FL 34428     | City-State-Zip: | CRYSTAL RIVER FL 34428 |
| Title           | MANAGER-OFFICER            |                 |                        |
| Name            | SMITH-DEWEESE, HEATHER L   |                 |                        |
| Address         | 4031 LAMSON AVE<br>SUITE 2 |                 |                        |
| City-State-Zip: | SPRING HILL FL 34608       |                 |                        |

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: MITCHELL DEWEESE

PRESIDENT

04/28/2015 Date

Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No