

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S56178

**Entity Name:** CERTIFIED OPERATORS OF S.W. FL., INC.**Current Principal Place of Business:**2719 SW 8TH PL  
CAPE CORAL, FL 33914**Current Mailing Address:**2719 SW 8TH PL  
CAPE CORAL, FL 33914 US**FEI Number:** 65-0279760**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LIBRETTO, NICHOLAS  
3105 SW 16TH PL  
CAPE CORAL, FL 33914 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:** NICHOLAS LIBRETTO

01/15/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR  
Name LIBRETTO, NICHOLAS  
Address 1134 NW 2ND PL  
City-State-Zip: CAPE CORAL FL 33993

Title DS  
Name PAUL, MARK A.  
Address 6251 THOMAS ROAD  
City-State-Zip: FORT MYERS FL 33912

Title D  
Name COLEMAN, KENNETH  
Address 7987 MERCANTILE ST. NE  
City-State-Zip: N. FT. MYERS FL 33993

Title VP  
Name QUARTUCCIO, PETER  
Address P.O BOX 381271  
City-State-Zip: MURDOCK FL

Title P  
Name LIBRETTO, NICHOLAS P  
Address 1134 NW 2ND PL  
City-State-Zip: CAPE CORAL FL 33993

*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:** NICHOLAS LIBRETTO

PRESIDENT

01/15/2018

Electronic Signature of Signing Officer/Director Detail

Date