### 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. 05/01/2014

SIGNATURE: KATHLEEN REED

Electronic Signature of Signing Officer/Director Detail

## LINCOLN, NH 03251 **Current Mailing Address:**

**PO BOX 159** LINCOLN, NH 03251

## FEI Number: 02-0447072

MAIN STREET, LINWOOD PLAZA

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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	CDPT	Title	S
Name	REED, KATHLEEN A	Name	BOGIN, KATHLEEN
Address	1761 MOUNTAIN ROAD	Address	9310 HURON AVE
City-State-Zip:	WEST SUFFIELD CT 06093	City-State-Zip:	RICHMOND VA 23294

Certificate of Status Desired: No

FILED May 01, 2014 Secretary of State CC4271100159

Date

Date

PRESIDENT

#### 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F0400005975

## Entity Name: MOOSEHEAD HARVESTING INCORPORATED

# **Current Principal Place of Business:**