

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000005228

**FILED**  
**Mar 04, 2014**  
**Secretary of State**  
**CC9853011429**

**Entity Name:** PETER A. KAZAKEVICIUS, P.S.C.

**Current Principal Place of Business:**

6782 NW 12TH ST  
OCALA, FL 34482

**Current Mailing Address:**

6782 NW 12TH ST  
OCALA, FL 34482

**FEI Number:** 61-1198977

**Certificate of Status Desired:** No

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

KAZAKEVICIUS, PETER A  
6782 NW 12TH ST  
OCALA, FL 34482 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 CP  
Name KAZAKEVICIUS, PETER A  
Address 6782 NW 12TH STREET  
City-State-Zip: Ocala FL 34482

Title CT  
Name KAZAKEVICIUS, CINDY  
Address 6782 NW 12TH STREET  
City-State-Zip: Ocala FL 34482

*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:** CINDY KAZAKEVICIUS

**TREASURER**

**03/04/2014**

Electronic Signature of Signing Officer/Director Detail

Date