

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000008835

**Entity Name:** C5D, INC.**Current Principal Place of Business:**925 HOFFNER AVE  
ORLANDO, FL 32809**Current Mailing Address:**925 HOFFNER AVE  
ORLANDO, FL 32809 US**FEI Number:** 54-2119264**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCONNELL, WILLIAM STEPHAN  
811 LANG ST.  
APT. 68  
EAST LIVERPOOL, FL 43920 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:** WILLIAM STEPHAN MCCONNELL

04/21/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | CEO                  |
| Name            | HARVEY, MARVIN       |
| Address         | 5108 EISENHOWER BLVD |
| City-State-Zip: | TAMPA FL 33634       |

|                 |                           |
|-----------------|---------------------------|
| Title           | D                         |
| Name            | WALLER, ANGELIA           |
| Address         | 445 31ST STREET, NORTH    |
| City-State-Zip: | SAINT PETERSBURG FL 33713 |

|                 |                     |
|-----------------|---------------------|
| Title           | D                   |
| Name            | WILLIAMSON, PAUL MD |
| Address         | 110 W UNDERWOOD ST  |
| City-State-Zip: | ORLANDO FL 32809    |

|                 |                         |
|-----------------|-------------------------|
| Title           | P                       |
| Name            | LUETZOW, JAMES          |
| Address         | 380 RINGWOOD CIRCLE     |
| City-State-Zip: | WINTER SPRINGS FL 32708 |

|                 |                         |
|-----------------|-------------------------|
| Title           | D                       |
| Name            | TAYLOR, THOMAS MDR      |
| Address         | 2523 WEST JEFFON AVENUE |
| City-State-Zip: | TAMPA FL 33629          |

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARVIN W HARVEY

CHAIRMAN

04/21/2021

Electronic Signature of Signing Officer/Director Detail

Date