# above, or on an attachment with all other like empowered. SIGNATURE: KELLY KOWALL PI

Electronic Signature of Signing Officer/Director Detail

2024 ELORIDA	T CORPORATION	ANNUAL REPORT

DOCUMENT# N12000011833

Entity Name: MY WARRIOR'S PLACE, INC.

**Current Principal Place of Business:** 

101 22ND STREET NW #112 RUSKIN, FL 33570

## **Current Mailing Address:**

101 22ND STREET NW #112 RUSKIN, FL 33570 US

## FEI Number: 46-1626575

### Name and Address of Current Registered Agent:

KOWALL, KELLY R 705 JOHNSON DRIVE RUSKIN, FL 33570 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	PRESIDENT	Title	SECRETARY/TREASURER
Name	KOWALL, KELLY R	Name	MESENBURG, SHANNON
Address	705 JOHNSON DRIVE	Address	8152 WILTSHIRE DR
City-State-Zip:	RUSKIN FL 33570	City-State-Zip:	PORT CHARLOTTE FL 33981
Title	VP	Title	OFFICER
Name	HAGGERTY, DAVID	Name	HARTFIELD, GARY
Address	101 22ND STREET NW #112	Address	101 22ND STREET NW #112
City-State-Zip:	RUSKIN FL 33570	City-State-Zip:	RUSKIN FL 33570
Title	OFFICER	Title	OFFICER
Name	MESENBURG, MITCH	Name	HARTZNER, HENRY
Address	8152 WILSHIRE DR	Address	803 C BAHAI DEL SOL DR.
City-State-Zip:	PORT CHARLOTTE FL 33981	City-State-Zip:	RUSKIN FL 33570

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

PRESIDENT

02/08/2024

FILED Feb 08, 2024 Secretary of State 4534754636CC

Certificate of Status Desired: Yes

Date

Date