

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 506946

**Entity Name:** COADVANTAGE RESOURCES 27, INC.

**Current Principal Place of Business:**

111 WEST JEFFERSON ST  
ORLANDO, FL 32801

**Current Mailing Address:**

111 WEST JEFFERSON ST  
ORLANDO, FL 32801

**FEI Number:** 59-1821837

**Certificate of Status Desired:** No

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

LOWREY, MARK  
111 WEST JEFFERSON ST  
ORLANDO, FL 32801 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 CFO  
Name LOWREY, MARK  
Address 111 WEST JEFFERSON ST  
City-State-Zip: ORLANDO FL 32801

Title PRESIDENT, CEO, DIRECTOR  
Name MASEDA, MIGUEL A  
Address 111 WEST JEFFERSON ST  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name KELLY, ROBERT E  
Address 111 WEST JEFFERSON ST  
City-State-Zip: ORLANDO FL 32801

Title EVP  
Name BURGESS, CLINTON  
Address 3350 BUSCHWOOD PARK DRIVE  
SUITE 200  
City-State-Zip: TAMPA FL 33618

Title SECRETARY, TREASURER  
Name ROBINSON, DENYCE  
Address 3350 BUSCHWOOD PARK DRIVE  
SUITE 200  
City-State-Zip: TAMPA FL 33618

Title DIRECTOR  
Name LIPTON, JUSTIN R  
Address 111 WEST JEFFERSON ST  
City-State-Zip: ORLANDO FL 32801

*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:** MARK LOWREY

CFO

04/03/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date