

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H93453

**Entity Name:** JOHN P. LAUDENSLAGER, P.A.

**Current Principal Place of Business:**

1029 DELACROIX CIRCLE  
NOKOMIS, FL 34275

**Current Mailing Address:**

P O BOX 1460  
NOKOMIS, FL 34274 US

**FEI Number:** 59-2642160

**Certificate of Status Desired:** No

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

LAUDENSLAGER, JOHN P.  
1029 DELACROIX CIRCLE  
NOKOMIS, FL 34275 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 PD  
Name LAUDENSLAGER, JOHN P.  
Address 1029 DELACROIX CIRCLE  
City-State-Zip: NOKOMIS FL 34275

*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:** JOHN P LAUDENSLAGER

**PRESIDENT**

**04/24/2017**

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

\_\_\_\_\_  
Date