

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L45856

**Entity Name:** AMERIPLUS, INC.

**Current Principal Place of Business:**

535 S. HERCULES AVE.  
STE. 201  
CLEARWATER, FL 33764

**Current Mailing Address:**

535 S. HERCULES AVE.  
STE. 201  
CLEARWATER, FL 33764 US

**FEI Number:** 59-2986848

**Certificate of Status Desired:** No

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

SOROTA, JOSEPH JJR  
29750 US HWY 19 NORTH  
STE. 200  
CLEARWATER, FL 33761 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 DP  
Name POIRIER, STEVE  
Address 526 PONCE DE LEON BLVD.  
City-State-Zip: CLEARWATER FL 33756

Title D  
Name PARKER, WILLIAM M  
Address 710 EASTLAKE DR.  
City-State-Zip: TARPON SPRINGS FL

Title ST  
Name POIRIER, HAVEN L  
Address 526 PONCE DE LEON BLVD  
City-State-Zip: CLEARWATER FL 33756

Title ST  
Name POIRIER, HAVEN L  
Address 526 PONCE DE LEON BLVD  
City-State-Zip: CLEARWATER FL 33756

*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:** STEVEN W. POIRIER

**PRESIDENT**

**01/09/2014**

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

\_\_\_\_\_  
Date