

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000105183

Entity Name: MYLANDCLAIM.COM, INC.

Current Principal Place of Business:

6400 SEMINOLE BLVD, SUITE 5
SEMINOLE, FL 33772

Current Mailing Address:

P. O. BOX 66035
ST. PETE BEACH, FL 33736 US

FEI Number: 45-4353029

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALLACE, JAMES DPRES.
6400 SEMINOLE BLVD., SUITE 5
SEMINOLE, FL 33772 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 P
Name WALLACE, JAMES D
Address P. O. BOX 66035
City-State-Zip: ST. PETE BEACH FL 33736

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: JAMES D WALLACE

DPRES

09/21/2018

Electronic Signature of Signing Officer/Director Detail

Date