

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000068829

**Entity Name:** PIERRE A.L. MOMMERS, ATTORNEY-AT-LAW, P.A.

**FILED**  
**Feb 14, 2017**  
**Secretary of State**  
**CC4823086808**

**Current Principal Place of Business:**

2020 W. EAU GALLIE BLVD.  
SUITE 106  
MELBOURNE, FL 32935

**Current Mailing Address:**

2020 W. EAU GALLIE BLVD.  
SUITE 106  
MELBOURNE, FL 32935 US

**FEI Number: 81-0558594**

**Certificate of Status Desired: No**

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

MOMMERS, PIERRE AL  
2020 W. EAU GALLIE BLVD.  
SUITE 106  
MELBOURNE, FL 32935 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            D  
Name            MOMMERS, PIERRE AL  
Address        2020 W. EAU GALLIE BLVD.  
                  SUITE 106  
City-State-Zip: MELBOURNE FL 32935

Title            SECRETARY  
Name            MOMMERS, HEATHER  
Address        2020 W. EAU GALLIE BLVD.  
                  SUITE 106  
City-State-Zip: MELBOURNE FL 32935

*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: PIERRE A.L. MOMMERS**

**DIRECTOR**

**02/14/2017**

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

\_\_\_\_\_  
Date