

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000138119

**Entity Name:** THE LAW OFFICE OF KRISTI MILLER NOVONGLOSKY, P.A.

**Current Principal Place of Business:**

844 5TH STREET  
CHIPLEY, FL 32428

**Current Mailing Address:**

POST OFFICE BOX 1129  
CHIPLEY, FL 32428

**FEI Number: 36-4544012**

**Certificate of Status Desired: No**

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

NOVONGLOSKY, KRISTI M  
844 5TH STREET  
CHIPLEY, FL 32428 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 PS  
Name NOVONGLOSKY, KRISTI M  
Address 844 5TH STREET  
City-State-Zip: CHIPLEY FL 32428

*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: KRISTI MILLER NOVONGLOSKY**

**PRESIDENT**

**04/23/2015**

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

\_\_\_\_\_  
Date