

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000087641

**Entity Name:** OFFICE ACCESSORIES PLUS, INC.

**Current Principal Place of Business:**

4820 NE 49TH AVE  
GAINESVILLE, FL 32609

**Current Mailing Address:**

4820 NE 49TH AVE  
GAINESVILLE, FL 32609 US

**FEI Number:** 27-1141411

**Certificate of Status Desired:** No

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

FLESNER, SHANNON LPRES  
4820 NE 49TH AVE SUITE A  
GAINESVILLE, FL 32609 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 FLESNER, SHANNON LPRES  
Address 5401 NW 72ST  
City-State-Zip: GAINESVILLE FL 32653

Title VPD  
Name FLESNER, DIMPLE M  
Address 5401 NW 72ND ST  
City-State-Zip: GAINESVILLE FL 32653

*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:** SHANNON FLESNER

**PRESIDENT**

**01/12/2018**

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

\_\_\_\_\_  
Date