

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000103720

**Entity Name:** SHULER SUPPLIER CO.

**Current Principal Place of Business:**

5185 NE 19 AVE  
POMPANO BCH, FL 33064

**Current Mailing Address:**

5185 NE 19 AVE  
POMPANO BCH, FL 33064

**FEI Number:** 45-4002053

**Certificate of Status Desired:** No

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

SHULER, ANTHONY  
5185 NE 19 AVE  
POMPANO BCH, FL 33064 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 PSTD  
Name SHULER, ANTHONY  
Address 5185 NE 19 AVE  
City-State-Zip: POMPANO BCH FL 33064

*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:** ANTHONY SHULER

**PRESIDENT**

**02/25/2015**

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

\_\_\_\_\_  
Date