

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000063734

Entity Name: SIGHTPLAN, INC.**Current Principal Place of Business:**100 S. ORANGE AVE
600
ORLANDO, FL 32801**Current Mailing Address:**P.O. BOX 4308
ORLANDO, FL 32802-4308 US**FEI Number:** 46-0656605**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WESTLAKE, JOSEPH S
100 S. ORANGE AVE
600
ORLANDO, FL 32801 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	PRESIDENT, CHAIRMAN
Name	WESTLAKE, JOSEPH S
Address	425 E GORE ST
City-State-Zip:	ORLANDO FL 32806

Title	CFO, TREASURER, DIRECTOR
Name	NYLAVAE, RAPHAEL R
Address	425 E GORE ST
City-State-Zip:	ORLANDO FL 32806

Title	SECRETARY, DIRECTOR
Name	POLFER, DANIEL
Address	PO BOX 4308
City-State-Zip:	ORLANDO FL 32802-4308

Title	DIRECTOR
Name	LEONARD, WOOD JR.
Address	C/O SIMMONS & CO INTERNATIONAL 700 LOUISIANA STREET SUITE 1900
City-State-Zip:	HOUSTON TX 77002

Title	DIRECTOR
Name	JONATHAN, TAYLOR
Address	ENTRENEXT VENTURES, LLC 1640 E ADAMS DRIVE
City-State-Zip:	MAITLAND FL 32751

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: NYLAVAE RAPHAEL**DIRECTOR****09/09/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date