## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000006466 Entity Name: MADCAPS INC.

**Current Principal Place of Business:** 

1000 COVE CAY DR. UNIT 6E CLEARWATER, FL 33760

**Current Mailing Address:** 

1000 COVE CAY DR. UNIT 6E CLEARWATER, FL 33760 US

FEI Number: 46-4678214 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSSI, DONNA M 1000 COVE CAY DR. UNIT 6E CLEARWATER, FL 33760 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: DONNA M ROSSI 04/26/2018

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title P. D Title S, D, TREASURER ROSSI, DONNA Name FONTAINE, ALYSON Name

1000 COVE CAY DR. UNIT 6E Address 1000 COVE CAY DR. UNIT 6E Address

City-State-Zip: CLEARWATER FL 33760 CLEARWATER FL 33760 City-State-Zip:

Title VΡ

Name ROSSI, MARIO

Address 1000 COVE CAY DR. UNIT 6E City-State-Zip: CLEARWATER FL 33760

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.

**PRESIDENT** SIGNATURE: DONNA M. ROSSI

**FILED** Apr 26, 2018

**Secretary of State** 

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