

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000013648

Entity Name: HASHCOOP INC.**Current Principal Place of Business:**15225 US HWY 19
2D
HUDSON, FL 34667**Current Mailing Address:**15225 US HWY 19
2D
HUDSON, FL 34667 US**FEI Number:** 46-4707989**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALINC CORPORATE SERVICES, INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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 CHIEF TECHNICAL OFFICER
Name GREGG, SHAWN
Address 418 SNEAD DR
City-State-Zip: NORTH FORT MYERS FL 33903

Title DIRECTOR
Name MCKINNEY, DAVID
Address 1705 BOHNHOFF CT
City-State-Zip: VIRGINIA BEACH VA 23454

Title DIRECTOR
Name ADAMS, JEFFERSON
Address 3396 DANDOLO CIRCLE
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR
Name SNYPE, MAURICE
Address 10908 TARIN DR.
City-State-Zip: JACKSONVILLE FL 32218

Title DIRECTOR
Name MARTINEZ, VICTOR
Address 2230 AVENUE N
City-State-Zip: FORT MADISON IA 52627

Title DIRECTOR
Name HOUDE, SEAN
Address 4885 DORSHIRE DR.
City-State-Zip: TROY MI 48085

Title CFO
Name BRZECZEK, DAVE
Address 108 RAINEY AVE
City-State-Zip: HILLSBOROUGH NC 27278

Title DIRECTOR
Name TANG, FREDERICK
Address 10804 CASITAS DR
City-State-Zip: AUSTIN TX 78717

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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: SHAWN GREGG**CHIEF TECHNICAL
OFFICER****04/17/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PHAM, LONG
Address 1006 ALAMEDA CT
City-State-Zip: ALLEN TX 75013

Title DIRECTOR
Name LUCAS, MICHAEL R JR.
Address 13943 HOLLOW WIND WAY UNIT 201
City-State-Zip: WOODBRIDGE VA 22191