

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000040825

Entity Name: TRACY MABRY LAW, P.A.**Current Principal Place of Business:**1024 PARKWOOD COVE COURT
GOTHA, FL 34734**Current Mailing Address:**P.O. BOX 3269
WINDERMERE, FL 34786 US**FEI Number:** 46-5618385**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MABRY, TRACY J
1024 PARKWOOD COVE COURT
GOTHA, FL 34734 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 :**

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|-----------------|--------------------------|
| Title | DIR |
| Name | MABRY, TRACY J |
| Address | 1024 PARKWOOD COVE COURT |
| City-State-Zip: | GOTHA FL 34734 |

| | |
|-----------------|--------------------------|
| Title | PRES |
| Name | MABRY, TRACY J |
| Address | 1024 PARKWOOD COVE COURT |
| City-State-Zip: | GOTHA FL 34734 |

| | |
|-----------------|--------------------------|
| Title | SEC |
| Name | MABRY, TRACY J |
| Address | 1024 PARKWOOD COVE COURT |
| City-State-Zip: | GOTHA FL 34734 |

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|-----------------|--------------------------|
| Title | TREA |
| Name | MABRY, TRACY J |
| Address | 1024 PARKWOOD COVE COURT |
| City-State-Zip: | GOTHA FL 34734 |

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: TRACY MABRY**PRESIDENT AND CEO****01/14/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date