

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000040825

Entity Name: TRACY MABRY LAW, P.A.**Current Principal Place of Business:**1317 EDGEWATER DRIVE
#3100
ORLANDO, FL 32804**Current Mailing Address:**P.O. BOX 818
CLARKDALE, AZ 86324 US**FEI Number:** 46-5618385**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MABRY, TRACY J
1317 EDGEWATER DRIVE #3100
ORLANDO, FL 32804 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 | DIR |
| Name | MABRY, TRACY J |
| Address | P.O. BOX 818 |
| City-State-Zip: | CLARKDALE AZ 86324 |

| | |
|-----------------|--------------------|
| Title | PRES |
| Name | MABRY, TRACY J |
| Address | P.O. BOX 818 |
| City-State-Zip: | CLARKDALE AZ 86324 |

| | |
|-----------------|--------------------|
| Title | SEC |
| Name | MABRY, TRACY J |
| Address | P.O. BOX 818 |
| City-State-Zip: | CLARKDALE AZ 86324 |

| | |
|-----------------|--------------------|
| Title | TREA |
| Name | MABRY, TRACY J |
| Address | P.O. BOX 818 |
| City-State-Zip: | CLARKDALE AZ 86324 |

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 J. MABRY

PRESIDENT AND CEO

05/01/2023

Electronic Signature of Signing Officer/Director Detail_____
Date