

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000090893

Entity Name: MAD RUM TRADING COMPANY**Current Principal Place of Business:**1118 FREEMONT ST. S
GULFPORT, FL 33707**Current Mailing Address:**1118 FREEMONT ST. S
GULFPORT, FL 33707**FEI Number:** 47-2280696**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHROEDER, CHARLES S JR.
1118 FREEMONT ST. S
GULFPORT, FL 33707 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	P
Name	SCHROEDER, CHARLES S JR.
Address	1118 FREEMONT ST. S
City-State-Zip:	GULFPORT FL 33707

Title	VP
Name	NELSON, MELISSA K
Address	1118 FREEMONT ST. S
City-State-Zip:	GULFPORT FL 33707

Title	SEC
Name	NELSON, MELISSA K
Address	1118 FREEMONT ST. S
City-State-Zip:	GULFPORT FL 33707

Title	TRE
Name	NELSON, MELISSA K
Address	1118 FREEMONT ST. S
City-State-Zip:	GULFPORT FL 33707

Title	DIR
Name	SCHROEDER, CHARLES S JR.
Address	1118 FREEMONT ST. S
City-State-Zip:	GULFPORT FL 33707

Title	DIR
Name	NELSON, MELISSA K
Address	1118 FREEMONT ST. S
City-State-Zip:	GULFPORT FL 33707

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: CHARLES SCHROEDER

PRESIDENT

03/14/2024

Electronic Signature of Signing Officer/Director Detail_____
Date