

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000017592

**Entity Name:** CANARY DATE SCULPTING INC.

**Current Principal Place of Business:**

4651 SALISBURY ROAD  
SUITE 400  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

4651 SALISBURY ROAD  
SUITE 400  
JACKSONVILLE, FL 32256 US

**FEI Number:** 47-3209177

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HARTMANN, JUSTIN L  
12052 ROYAL FERN LN  
JACKSONVILLE, FL 32223 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 HARTMANN, JUSTIN L  
Address 12052 ROYAL FERN LN  
City-State-Zip: JACKSONVILLE FL 32223

Title V  
Name HARTMANN, DAVID  
Address 440 HONEYCOMB WAY  
City-State-Zip: JACKSONVILLE FL 32259

Title VP  
Name HARTMANN, JAIMIE LAUREN  
Address 12052 ROYAL FERN LN  
City-State-Zip: JACKSONVILLE FL 32223

Title VP  
Name SCHMITT, THOMAS G  
Address 4651 SALISBURY ROAD  
SUITE 400  
City-State-Zip: JACKSONVILLE FL 32256

Title EXECUTIVE SECRETARY  
Name FARRELL, RUTH  
Address 4651 SALISBURY ROAD  
SUITE 400  
City-State-Zip: JACKSONVILLE FL 32256

*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:** THOMAS SCHMITT

VP

04/05/2021

Electronic Signature of Signing Officer/Director Detail

Date