

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000082767

Entity Name: TAXIDERMY TECH INC**Current Principal Place of Business:**8929 PENSACOLA BLVD
PENSACOLA, FL 32534**Current Mailing Address:**8929 PENSACOLA BLVD
PENSACOLA, FL 32534 US**FEI Number:** 81-4084403**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DARVILLE, VALERIE
9060 BOWMAN AVENUE
PENSACOLA, FL 32534 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	DARVILLE, KENNETH
Address	8929 PENSACOLA BLVD
City-State-Zip:	PENSACOLA FL 32534

Title	TREA
Name	DARVILLE, KENNETH
Address	8929 PENSACOLA BLVD
City-State-Zip:	PENSACOLA FL 32534

Title	SEC
Name	DARVILLE, KENNETH
Address	8929 PENSACOLA BLVD
City-State-Zip:	PENSACOLA FL 32534

Title	VP
Name	DARVILLE, KENNETH
Address	8929 PENSACOLA BLVD
City-State-Zip:	PENSACOLA FL 32534

Title	DIR
Name	DARVILLE, KENNETH
Address	8929 PENSACOLA BLVD
City-State-Zip:	PENSACOLA FL 32534

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: KENNETH DARVILLE**PRESIDENT****04/23/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date