

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000048525

**Entity Name:** WARRIOR SUPPLY DEPOT, INC.

**Current Principal Place of Business:**

9838 OLD BAYMEADOWS RD  
#169  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

9838 OLD BAYMEADOWS RD  
# 169  
JACKSONVILLE, FL 32256 US

**FEI Number:** 82-1825662

**Certificate of Status Desired:** No

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

HARSHMAN, MICHAEL  
9838 OLD BAYMEADOWS ROAD  
#169  
JACKSONVILLE, FL 32256 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            DPT  
Name            HARSHMAN, MICHAEL  
Address        7889 LITTLE FOX LANE  
City-State-Zip: JACKSONVILLE FL 32256

Title            DV  
Name            JACKSON, JAMES  
Address        10672 WOODSDALE LANE SOUTH  
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:** MICHAEL J HARSHMAN

**PRESIDENT**

**02/02/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date