#### 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.

PRESIDENT

#### SIGNATURE: KEITH ALLEN GRAHAM

Electronic Signature of Signing Officer/Director Detail

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

10380 SW VILLAGE CENTER DRIVE 103 PORT ST. LUCIE, FL 34987

DOCUMENT# P20000057115

## **Current Mailing Address:**

10380 SW VILLAGE CENTER DRIVE 103 PORT ST. LUCIE, FL 34987 US

### FEI Number: 84-2262364

### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

GRAHAM, KEITH 10380 SW VILLAGE CENTER DRIVE 103 PORT ST. LUCIE, FL 34987 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:

#### . .. (

Officer/Director Detail :			
Title	PRESIDENT	Title	SECRETARY
Name	GRAHAM, KEITH ALLEN	Name	MCNEESE, BENJAMIN ARRON
Address	10380 SW VILLAGE CENTER DRIVE 103	Address	10380 SW VILLAGE CENTER DRIVE 103
City-State-Zip:	PORT ST. LUCIE FL 34987	City-State-Zip:	PORT ST. LUCIE FL 34987
Title	TREASURER		
Name	MCNEESE, LOREN CHANTEL		
Address	10380 SW VILLAGE CENTER DRIVE 103		
City-State-Zip:	PORT ST. LUCIE FL 34987		

Certificate of Status Desired: No

Date

01/26/2025

## FILED Jan 26, 2025 Secretary of State 0779812943CC

Date