

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S46794

**FILED**  
**Jan 12, 2015**  
**Secretary of State**  
**CC1835680242**

**Entity Name:** P.O.S. CONSULTANTS, INCORPORATED

**Current Principal Place of Business:**

2885 MARITIME FOREST DRIVE  
JOHNS ISLAND, SC 29455

**Current Mailing Address:**

2885 MARITIME FOREST DRIVE  
JOHNS ISLAND, SC 29455 US

**FEI Number:** 59-3069042

**Certificate of Status Desired:** No

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

BISHOP, RANDY  
840 PEPPERVINE AVE.  
ST. JOHN'S , FL 32259 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 PST  
Name ULLOM -FLYNN, JAMIE L  
Address 2885 MARITIME FOREST DRIVE  
City-State-Zip: JOHNS ISLAND SC 29455

Title VICE-PRESIDENT  
Name FLYNN, THOMAS J MR.  
Address 2885 MARITIME FOREST DRIVE  
City-State-Zip: JOHNS ISLAND SC 29455

*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:** JAMIE L. ULLOM-FLYNN

**PRESIDENT**

**01/12/2015**

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

\_\_\_\_\_  
Date