

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S67577

**Entity Name:** SALAS O'BRIEN FLORIDA, INC.

**Current Principal Place of Business:**

3501 QUADRANGLE BOULEVARD  
SUITE 100  
ORLANDO, FL 32817

**Current Mailing Address:**

3501 QUADRANGLE BOULEVARD  
SUITE 100  
ORLANDO, FL 32817 US

**FEI Number:** 65-0281509

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST N  
STE 300  
ST PETERSBURG, FL 33702 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 PRINCIPAL  
Name WILKERSON, GARY A.  
Address 3501 QUADRANGLE BLVD  
SUITE 100  
City-State-Zip: ORLANDO FL 32817

Title CEO  
Name ANDERSON, DARIN  
Address 3700 SOUTH SUSAN STREET  
SUITE 150  
City-State-Zip: SANTA ANA CA 92704

Title DIR.  
Name EVERETT, STAN  
Address 1255 COLLIER ROAD  
City-State-Zip: ATLANTA GA 30318

*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:** GARY A. WILKERSON

**PRINCIPAL ENGINEER**

**02/01/2022**

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

\_\_\_\_\_  
Date