

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001920

Entity Name: DOUBLE PORTION, INC.

Current Principal Place of Business:

325 HAMON AVENUE
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

325 HAMON AVENUE
SANTA ROSA BEACH, FL 32459

FEI Number: 61-1644617

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAMON, JANE
325 HAMON AVENUE
SANTA ROSA BEACH, FL 32459 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 PD
Name HAMON, THOMAS
Address 325 HAMON AVENUE
City-State-Zip: SANTA ROSA BEACH FL 32459

Title STD
Name SHEEHAN, GALE
Address PO BOX 9000
City-State-Zip: SANTA ROSA BEACH FL 32459

Title TD
Name HAMON, JANE
Address 325 HAMON AVENUE
City-State-Zip: SANTA ROSA BEACH FL 32459

Title D
Name CATALANO, GREGORY
Address 4TH STREET
City-State-Zip: SANTA ROSA BEACH FL 32459

Title D
Name CATALANO, SANDRA
Address 4TH STREET
City-State-Zip: SANTA ROSA BEACH FL 32459

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANE HAMON

CORPORATE SECRETAR 02/21/2014

Electronic Signature of Signing Officer/Director Detail

Date