

**2021 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**SECRETARY/TREASURER** 01/28/2021\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date