

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000004975

**Entity Name:** ALL ABOUT ADDICTION, INC.

**Current Principal Place of Business:**

18604 49TH ST N  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

18604 49TH ST N  
LOXAHATCHEE, FL 33470

**FEI Number:** 47-1055782

**Certificate of Status Desired:** No

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

MCGEENEY, THOMAS  
18604 49TH ST N  
LOXAHATCHEE, FL 33470 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 P  
Name MCGEENEY, THOMAS  
Address 18604 49TH ST N  
City-State-Zip: LOXATHCHEE FL 33470

Title V  
Name MCGEENEY, ASHLEY  
Address 14845 TANGERINE BOULEVARD  
City-State-Zip: LOXATHCHEE FL 33470

Title S  
Name MCGEENEY, GEORGIA  
Address 18604 49TH ST N  
City-State-Zip: LOXATHCHEE FL 33470

Title T  
Name SCHORR, JARED  
Address 14845 TANGERINE BLVD  
City-State-Zip: LOXAHATCHEE FL 33470

*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:** THOMAS MCGEENEY

**PRESIDENT**

**04/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date