

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000001965

**FILED  
Mar 18, 2020  
Secretary of State  
9299446210CC**

**Entity Name:** 10 CAN INC

**Current Principal Place of Business:**

1225 SW 226TH ST  
NEWBERRY, FL 32669

**Current Mailing Address:**

PO BOX 1122  
NEWBERRY, FL 32669 US

**FEI Number:** 47-2135088

**Certificate of Status Desired:** No

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

BURKE, MATTHEW R DR.  
1225 SW 226TH ST  
NEWBERRY, FL 32669 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:** DR. MATTHEW R. BURKE

03/18/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO, FOUNDER  
Name            BURKE, MATTHEW R DR.  
Address        1225 SW 226TH ST  
City-State-Zip: NEWBERRY FL 32669

Title            CO-FOUNDER  
Name            BURKE, JASMINE JADE  
Address        PO BOX 1122  
City-State-Zip: NEWBERRY FL 32669

Title            WILDERNESS DIRECTOR, VP  
Name            CLAYTOR, STEVE  
Address        PO BOX 1122  
City-State-Zip: NEWBERRY FL 32669

Title            AQUATICS DIVISION DIRECTOR, CFO  
Name            CARLISLE, STEPHEN  
Address        PO BOX 1122  
City-State-Zip: NEWBERRY FL 32669

Title            ADVISOR  
Name            WHEATON, JOEY  
Address        PO BOX 1122  
City-State-Zip: NEWBERRY FL 32669

Title            ADVISOR  
Name            CORONA, EDDIE  
Address        PO BOX 1122  
City-State-Zip: NEWBERRY FL 32669

Title            ADVISOR  
Name            JAECKLE, TINA DR.  
Address        PO BOX 1122  
City-State-Zip: NEWBERRY FL 32669

Title            MARKETING DIRECTOR  
Name            BATISTA, FREDDIE CHINO  
Address        PO BOX 1122  
City-State-Zip: NEWBERRY FL 32669

**Continues on page 2**

*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:** MATTHEW R. BURKE

DR.

03/18/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title HUNTING DIVISION DIRECTOR  
Name PARKS, JON  
Address PO BOX 1122  
City-State-Zip: NEWBERRY FL 32669

Title AG DIVISION DIRECTOR  
Name BURKE, MATTHEW DR.  
Address PO BOX 1122  
City-State-Zip: NEWBERRY FL 32669