

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000001965

**FILED**  
**Mar 11, 2019**  
**Secretary of State**  
**8482792652CC**

**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  
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:** \_\_\_\_\_

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

Title            DIRECTOR  
Name            BAKER, JESSICA  
Address        PO BOX 1122  
City-State-Zip: NEWBERRY FL 32669

Title            AG DIRECTOR  
Name            CRUIKSHANK, JOHN  
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

**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:** DR. MATTHEW R. BURKE

**PRESIDENT**

**03/11/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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