

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000010317

**Entity Name:** TEAM EDGE, INC.

**Current Principal Place of Business:**

3563 PHILLIPS HWY. SUITE 702  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

3563 PHILLIPS HWY. SUITE 702  
JACKSONVILLE, FL 32207

**FEI Number: 82-3079314**

**Certificate of Status Desired: No**

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

ABERCROMBIE ACCOUNTING INC  
16115 SW 117TH AVENUE #25  
MIAMI, FL 33177 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 PTSD  
Name SMITH, MICHAEL  
Address 435 DAVIS STREET  
City-State-Zip: NEPTUNE BEACH FL 32266

Title VPD  
Name SMITH, ANNE  
Address 435 DAVIS STREET  
City-State-Zip: NEPTUNE BEACH FL 32266

Title D  
Name ZWERLING, NATE  
Address 3591 KEMAN BLVD UNIT 523  
City-State-Zip: JACKSONVILLE FL 32224

*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: NATE ZWERLING**

**MEMBER**

**03/07/2018**

Electronic Signature of Signing Officer/Director Detail

Date