2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001501

Entity Name: TYKES AND TEENS, INC.

Current Principal Place of Business:

3577 SW CORPORATE PARKWAY

PALM CITY. FL 34990

Current Mailing Address:

3577 SW CORPORATE PARKWAY PALM CITY, FL 34990

FEI Number: 65-0570899 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHEARER, JEFFREY S 3577 SW CORPORATE PARKWAY PALM CITY, FL 34990 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: JEFFREY SHEARER 01/25/2016

Title

Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title **TREASURER** RALICKI, JEANNE Name Name WERLIN, LEWIS

1099 WESTMINSTER PLACE 2417 SW HERONWOOD RD Address Address

City-State-Zip: PALM CITY FL 34990 STUART FL 34997 City-State-Zip:

Title DIRECTOR Title **PRESIDENT**

Name FERRARO, JOSHUA Name FRY, STEPHEN Address 3601 SE OCEAN BLVD. Address 154 SE WELLS DRIVE

SUITE 201

City-State-Zip: STUART FL 34996 City-State-Zip: STUART FL 34996

Title CEO

SECRETARY Name SHEARER, JEFFREY

Name CORSON, CATHERINE 3577 SW CORPORATE PARKWAY Address Address 815 COLORADO AVE PALM CITY FL 34990 City-State-Zip: STUART FL 34994

City-State-Zip:

Title DIRECTOR Title DIRECTOR

GOLINO, GINA Name Name GONZALEZ. JOHN

4437 SW PORT WAY Address Address 101 SE OCEAN BLVD. City-State-Zip: PALM CITY FL 34990 STUART FL 34994 City-State-Zip:

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: JEFFREY SHEARER

CEO/EXECUTIVE DIRECTOR

01/25/2016

FILED Jan 25, 2016

Secretary of State

CC2852700149

Date

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name BARRETT, VALERIE Name PHILLIPS, REBECCA

Address 845 SE OSCEOLA STREET Address PO BOX 9010

City-State-Zip: STUART FL 34994 City-State-Zip: STUART FL 34995

Title DIRECTOR Title DIRECTOR

Name WILSON, CINDY Name STARLING, WES

Address 3305 SE FEDERAL HWY Address 800 SE MONTEREY ROAD

City-State-Zip: STUART FL 34997 City-State-Zip: STUART FL 34997

Title DIRECTOR Title DIRECTOR

Name MCCORMICK, ANNE Name KOZLOSKI, CAROLE

Address 3733 SW THISTLEWOOD LANE Address 3577 SW CORPORATE PARKWAY

City-State-Zip: PALM CITY FL 34990 City-State-Zip: PALM CITY FL 34990