

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000023466

**Entity Name:** TUESDAY THURSDAY, INC

**Current Principal Place of Business:**

1110 S W BLUE STEM WAY  
STUART, FL 34997

**Current Mailing Address:**

1110 S W BLUE STEM WAY  
STUART, FL 34997

**FEI Number:** 20-8485609

**Certificate of Status Desired:** Yes

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

TIM, GARRETTSON  
1110 S W BLUE STEM WAY  
STUART, FL 34997 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 GARRETTSON, JOANMARIE  
Address 1110 S W BLUE STEM WAY  
City-State-Zip: STUART FL 34997

Title VP  
Name JOANMARIE, GARRETTSON  
Address 1110 S W BLUE STEM WAY  
City-State-Zip: STUART FL 34997

Title SEC  
Name BRIANNE, GARRETTSON  
Address 1110 S W BLUE STEM WAY  
City-State-Zip: STUART FL 34997

Title TREA  
Name JOANMARIE, GARRETTSON  
Address 1110 S W BLUE STEM WAY  
City-State-Zip: STUART FL 34997

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOANMARIE GARRETTSON

**PRESIDENT**

**03/26/2014**

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

\_\_\_\_\_  
Date