

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004029

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**Entity Name:** 10 SECONDS, INCORPORATED

**Current Principal Place of Business:**

7500 141ST ST. N.  
SEMINOLE, FL 33776

**New Principal Place of Business:**

16450 GULF BLVD  
761  
N. REDINGTON BEACH, FL 33708

**Current Mailing Address:**

PO BOX 3396  
SEMINOLE, FL 33775

**New Mailing Address:**

P.O. BOX 8598  
MADEIRA BEACH, FL 33738

**FEI Number:** 54-1706480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PETROCELLI, BOBBY  
7500 141ST ST. N.  
SEMINOLE, FL 33776 US

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

PETROCELLI, BOBBY  
16450 GULF BLVD  
761  
N. REDINGTON BEACH, FL 33708 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

01/14/2010

Date

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: PETROCELLI, BOBBY  
Address: PO BOX 8598  
City-St-Zip: N REDINGTON BEACH, FL 33708

Title: VCVF  
Name: PETROCELLI, SUZANNE  
Address: PO BOX 8598  
City-St-Zip: N REDINGTON BEACH, FL 33708

Title: ST  
Name: PETROCELLI, SUZANNE  
Address: PO BOX 8598  
City-St-Zip: N REDINGTON BEACH, FL 33708

Title: D  
Name: FREDERICK, CHRISTOPHER  
Address: 474 MINEOLA AVE  
City-St-Zip: CARLE PLACE, NY 11514

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: SUZANNE PETROCELLI

VP

01/14/2010

Electronic Signature of Signing Officer or Director

Date