

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 17, 2012  
Secretary of State**

DOCUMENT# N11000001920

Entity Name: DOUBLE PORTION, INC.

**Current Principal Place of Business:**

325 HAMON AVENUE  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

325 HAMON AVENUE  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 61-1644617      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HAMON, JANE  
325 HAMON AVENUE  
SANTA ROSA BEACH, FL 32459      US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HAMON, THOMAS  
Address: 325 HAMON AVENUE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: STD  
Name: SHEEHAN, GALE  
Address: PO BOX 9000  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: TD  
Name: HAMON, JANE  
Address: 325 HAMON AVENUE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D  
Name: CATALANO, GREGORY  
Address: 4TH STREET  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D  
Name: CATALANO, SANDRA  
Address: 4TH STREET  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: JANE HAMON

TD

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date