

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000004477

Entity Name: SQUEEZE ATHLETICS, INC.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4417 13TH ST.  
SUITE #346  
ST. CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

4417 13TH ST.  
SUITE #346  
ST. CLOUD, FL 34769

**New Mailing Address:**

FEI Number: 27-1676819

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALLEN, ROBERT M II  
4417 13TH ST.  
SUITE #346  
ST. CLOUD, FL 34769 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: P  
Name: ALLEN, KELLIE  
Address: 4417 13TH ST SUITE #346  
City-St-Zip: ST. CLOUD, FL 34769

Title: VP  
Name: ALLEN, ROBERT M II  
Address: 4417 13TH ST SUITE #346  
City-St-Zip: ST. CLOUD, FL 34769

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: ROBERT M. ALLEN II

VP

04/27/2011

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

\_\_\_\_\_  
Date