

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000003471

**Entity Name:** TEAM PAIGE INC

**Current Principal Place of Business:**

6291 SE 175 CT  
MORRISTON, FL 32668

**Current Mailing Address:**

6291 SE 175 CT  
MORRISTON, FL 32668

**FEI Number:** 81-2297771

**Certificate of Status Desired:** No

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

DOUGLAS, PAIGE  
6291 SE 175TH CT  
MORRISTON, FL 32668 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 DOUGLAS, PAIGE  
Address 6291 SE 175TH CT.  
City-State-Zip: MORRISTON FL 32668

Title VP  
Name DOUGLAS, CALEB  
Address 6291 SE 175TH CT  
City-State-Zip: MORRISTON FL 32668

Title S  
Name HAMBLETON, CYNTHIA  
Address 20930 N HWY 329  
City-State-Zip: MICANOPY FL 32667

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:** PAIGE DOUGLAS

**PRESIDENT**

**03/23/2017**

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

\_\_\_\_\_  
Date