## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000012533

Entity Name: INC. TO INC. ENTRESITION SERVICES INC.

FILED
Apr 13, 2023
Secretary of State
8912649038CC

Date

## **Current Principal Place of Business:**

2217 UNIVERSITY SQUARE MALL TAMPA. FL 33612

## **Current Mailing Address:**

2217 UNIVERSITY SQUARE MALL TAMPA, FL 33612 US

FEI Number: 82-3938891 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

THRASH, DAMON D 2217 UNIVERSITY SQUARE MALL TAMPA, FL 33612 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: DAMON THRASH 04/13/2023

Electronic Signature of Registered Agent

Officer/Director Detail:

Title CEO, CHIEF VISIONARY OFFICER Title O

NameTHRASH, DAMON DNameMALPEDE, MICHAELAddress2931 N. 18TH ST.Address909 E. 22ND AVE.City-State-Zip:TAMPA FL 33605City-State-Zip:TAMPA FL 33605

Title O Title D

NameMALARA, DEANNANameRAIMONDI, STEVENAddress4812 77TH ST. EASTAddress1009 BLACK KNIGHT DR.City-State-Zip:BRADENTON FL 34203City-State-Zip:VALRICO FL 33594

Title D Title C

Name RODRIGUEZ, PEDRO Name WILSON, SCOTT

Address 1921 LAKE CHAPMAN DR. Address 11304 LAZY HICKORY LANE

TAMPA FL 33635

LARUE, PAULA

APT. 101 City-State-Zip:

Title D

Title D

NameMEADOWS, KARLTON YATESAddress10807 N 11TH ST.Address1216 LONGPOINT DR.City-State-Zip:TAMPA FL 33612

City-State-Zip: AUGUSTA GA 30906

BRANDON FL 33510

City-State-Zip:

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.

Name

SIGNATURE: DAMON THRASH CEO 04/13/2023