## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000011808

Entity Name: GO FULL STEAM, INC.

**Current Principal Place of Business:** 

4851 S APOPKA-VINELAND ROAD ORLANDO, FL 32819

## **Current Mailing Address:**

5036 DR PHILLIPS BLVD STE 201 ORLANDO, FL 32819 US

FEI Number: 84-4019740 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

MARK, BRIAN M 100 NORTH JOHN YOUNG PARKWAY SUITE B KISSIMMEE, FL 34741 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

**FILED** Mar 13, 2024

**Secretary of State** 

5081304967CC

## Officer/Director Detail:

**PRESIDENT** Title Title VΡ

PEDICONE, JOHN WHITE, FRED Name Name

9495 WESTOVER CLUB CIRCLE Address Address 861 PATRIOTS POINT DRIVE

City-State-Zip: OCOEE FL 34761 City-State-Zip: WINDERMERE FL 34786

Title **SECRETARY** Title **TREASURER** RUSSELL, DAVID Name BRINKER, KELLIE Name

Address 8702 SUMMERVILLE PLACE Address 5501 THOMAS SQUARE DRIVE

City-State-Zip: ORLANDO FL 32819 City-State-Zip: WINTER GARDEN FL 34787

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: DAVID RUSSELL

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

03/13/2024