

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000114575

**Entity Name:** VOLOGY, INC.

**Current Principal Place of Business:**

2729 STATE ROAD 580 – SUITE A  
CLEARWATER, FL 33761

**Current Mailing Address:**

2729 STATE ROAD 580 – SUITE A  
CLEARWATER, FL 33761 US

**FEI Number: 59-3760415**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT / CEO  
Name            TOM, YORK  
Address        2729 STATE ROAD 580 – SUITE A  
City-State-Zip: CLEARWATER FL 33761

Title            DIRECTOR  
Name            TOM, YORK  
Address        2729 STATE ROAD 580 – SUITE A  
City-State-Zip: CLEARWATER FL 33761

Title            SECRETARY  
Name            TOM, YORK  
Address        2729 STATE ROAD 580 – SUITE A  
City-State-Zip: CLEARWATER FL 33761

Title            TREASURER  
Name            TOM, YORK  
Address        2729 STATE ROAD 580 – SUITE A  
City-State-Zip: CLEARWATER FL 33761

*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: YORK, TOM**

**PRESIDENT**

**03/02/2023**

Electronic Signature of Signing Officer/Director Detail

Date