

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000026154

**Entity Name:** DUCKWEED, INC.

**Current Principal Place of Business:**

803 N. TAMPA ST.  
TAMPA, FL 33602

**FILED**  
**Sep 14, 2017**  
**Secretary of State**  
**CC6607370624**

**Current Mailing Address:**

111 N. 12TH ST.  
1403  
TAMPA, FL 33602 US

**FEI Number:** 27-5363072

**Certificate of Status Desired:** No

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

DEATHERAGE, BRENT  
111 N. 12TH ST.  
1403  
TAMPA, FL 33602 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	CEO	Title	P
Name	DEATHERAGE, BRENT	Name	DEATHERAGE, MICHELLE
Address	111 N. 12TH ST. 1403	Address	111 N. 12TH ST. 1403
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602

*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:** MICHELLE DEATHERAGE

**PRESIDENT**

**09/14/2017**

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

\_\_\_\_\_  
Date