

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000002173

**Entity Name:** COGNITIVE KINETICS, INC.

**Current Principal Place of Business:**

1 DAYTONA BLVD  
SUITE 220  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

1 DAYTONA BLVD  
SUITE 220  
DAYTONA BEACH, FL 32114 US

**FEI Number:** 46-1771114

**Certificate of Status Desired:** No

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

WEATHERFORD, WILLIAM PJR  
1150 LOUISIANA AVE  
STE 4  
WINTER PARK, FL 32789 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            D  
Name            CHRISTY, WILLIAM J  
Address        1 DAYTONA BLVD  
                  SUITE 220  
City-State-Zip: DAYTONA BEACH FL 32114

Title            D  
Name            ODOM, BENJAMIN D  
Address        1 DAYTONA BLVD  
                  SUITE 220  
City-State-Zip: DAYTONA BEACH FL 32114

Title            CFO  
Name            MELANSON, STACEY  
Address        1 DAYTONA BLVD  
                  SUITE 220  
City-State-Zip: DAYTONA BEACH FL 32114

*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:** STACEY MELANSON

CFO

02/22/2021

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

\_\_\_\_\_  
Date