

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000004029

**FILED**  
**Jan 05, 2017**  
**Secretary of State**  
**CC8757616313**

**Entity Name:** 10 SECONDS, INCORPORATED

**Current Principal Place of Business:**

7905 9TH AVE S  
ST. PETERSBURG, FL 33707

**Current Mailing Address:**

P.O. BOX 8598  
MADEIRA BEACH, FL 33738

**FEI Number:** 54-1706480

**Certificate of Status Desired:** No

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

PETROCELLI, BOBBY  
7905 9TH AVE S.  
ST. PETERSBURG, FL 33707 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 CP  
Name PETROCELLI, BOBBY  
Address PO BOX 8598  
City-State-Zip: N REDINGTON BEACH FL 33708

Title VCP  
Name PETROCELLI, SUZANNE  
Address PO BOX 8598  
City-State-Zip: N REDINGTON BEACH FL 33708

Title ST  
Name PETROCELLI, SUZANNE  
Address PO BOX 8598  
City-State-Zip: N REDINGTON BEACH FL 33708

Title D  
Name FREDERICK, CHRISTOPHER  
Address 474 MINEOLA AVE  
City-State-Zip: CARLE PLACE NY 11514

*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:** ROBERT BOBBY PETROCELLI

**PRES. / CEO**

**01/05/2017**

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

\_\_\_\_\_  
Date