

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003430

**FILED  
Apr 30, 2021  
Secretary of State  
2928105608CC**

**Entity Name:** TWENTY TWO PACK MANAGEMENT CORP.

**Current Principal Place of Business:**

958 20TH PLACE  
2ND FLOOR  
VERO BEACH, FL 32960

**Current Mailing Address:**

958 20TH PLACE  
2ND FLOOR  
VERO BEACH, FL 32960 US

**FEI Number:** 56-2325622

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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 CHAIRMAN AND MANAGING PARTNER, DIRECTOR

Name SMICK, TIMOTHY S

Address 958 20TH PLACE  
2ND FLOOR

City-State-Zip: VERO BEACH FL 32960

Title PRESIDENT/CHIEF EXECUTIVE OFFICER

Name HANSON, SARABETH

Address 958 20TH PLACE  
2ND FLOOR

City-State-Zip: VERO BEACH FL 32960

Title SECRETARY/VICE PRESIDENT/CHIEF DEVELOPMENT OFFICER

Name JENNINGS, CHARLES N.

Address 958 20TH PLACE  
2ND FLOOR

City-State-Zip: VERO BEACH FL 32960

Title COO

Name LEWIS, KIM

Address 958 20TH PLACE  
2ND FLOOR

City-State-Zip: VERO BEACH FL 32960

Title ASSISTANT SECRETARY/TREASURER/CFO

Name COLLINS, CHRIS

Address 958 20TH PLACE  
2ND FLOOR

City-State-Zip: VERO BEACH FL 32960

*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:** TIMOTHY S. SMICK

**CHAIRMAN**

**04/30/2021**

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

\_\_\_\_\_  
Date