

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90455 014 ***150.00

DOCUMENT # P04000123959 1. Entity Name FLORIDA HOCKEY GROUP, INC.					
Principal Place of Business 225 E LEMON ST SUITE 300 LAKELAND, FL 33801			Mailing Address 225 E LEMON ST SUITE 300 LAKELAND, FL 33801		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02092006 Chg-P CR2E034 (11/05)	
4. FEI Number APPLICABLE FOR 20-4768373				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUTERBAUGH, ROBERT E 225 EAST LEMON STREET SUITE 300 LAKELAND, FL 33801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing ☐ Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPOSITO, PHIL 4003 W TACON ST TAMPA, FL 33629	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D, C Robert E. Puterbaugh 225 E. Lemon St., Suite 300 Lakeland, FL 33801
☐ Change ☒ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, HENRY L 3823 CARONA ST TAMPA, FL 33629	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
☐ Change ☐ Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			4-27-06 863-683-6511		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert E. Puterbaugh			Date Davame Phone #		