## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # G72644 02-29-2008 90028 006 \*\*\*150.00 1. Entity Name HOT SHOT OF THE FLORIDA KEYS, INC. Principal Place of Business Mailing Address 151 AVE G 151 AVE G MARATHON, FL 33050 MARATHON, FL 33050 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02262008 Chg-P Applied For City & State City & State 4. FEI Number 59-2381593 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7.. Name and Address of New Registered Agent -----6. Name and Address of Current Registered Agent ALBERT C. KLUCK Street Address (P.O. Box Number is Not Acceptable) 151 AVE G MARATHON, FL 33050 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP DP☐ Change ☐ Addition TITLE Delete TITLE KLUCK, Albert KLUCK, ALBERT NAME NAME 151 Avene G 575 OVERSEAS HWY STREET ADDRESS STREET ADDRESS Makathen, Fl. 33050 CITY-ST-ZIP MARATHON, FL 33050 CITY-ST-ZIP DS ☐ Change Addition TITLE Delete TITLE Kwck, Bobin KLUCK, ROBIN NAME NAME 151 Avenue G STREET ADDRESS 57540 OVERSEAS HWY STREET ADDRESS manathon, FL. 33010 CITY-ST-ZIP MARATHON, FL 33050 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Defete TITLE ☐ Change ☐ Addition NAME AND RESS STATE OF NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

AlbeRT CKLUCK

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**FILED** 

Feb 29, 2008 8:00 am