


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000003873**

1. Entity Name  
**MARTIN COUNTY COBRAS HOCKEY LEAGUE, INC.**



Principal Place of Business      Mailing Address

**1606 EAST 10TH STREET  
 STUART, FL**                      **1606 EAST 10TH STREET  
 STUART, FL 34994**

**DO NOT WRITE IN THIS SPACE**



02132006 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**06-1690124**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KELLER, LYN L  
 1606 EAST 10TH STREET  
 STUART, FL 34994**

**DO NOT WRITE IN THIS SPACE**

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 re-registering)      DATE \_\_\_\_\_

**Filing Fee is \$51.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLER, KERRY 1606 EAST 10TH STREET STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLER, LYNN 1606 EAST 10TH STREET STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DETRUIT, JOANNE CAPTIVA DR STUART, FL 34997
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 03/01/06-80034-003 70.00

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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 617, 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: Keller      2-20-06      772-223-8055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #