

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000012813**

1. Entity Name  
**CLEATS & SNEAKS, INC.**



Principal Place of Business  
**3417 NE 31 AVE.  
LIGHTHOUSE POINT, FL 33064**

Mailing Address  
**3417 NE 31 AVE.  
LIGHTHOUSE POINT, FL 33064**



01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3396941**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCCUE, WENDEE  
3417 NE 31 AVE.  
LIGHTHOUSE POINT, FL 33064**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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  
**P  
MCCUE, WENDEE  
3417 NE 31 AVE.  
LIGHTHOUSE POINT, FL 33064**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CALHOUN, MONIQUE  
2125 NE 15 TERRACE  
WILTON MANORS, FL 33305**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CALDWELL, SUSAN  
1025 PONCE DE LEON DRIVE  
FORT LAUDERDALE, FL 33316**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000580317  
01/10/07-80043-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Wendee L. McCue* **Wendee L. McCue** 1/4/2007 954-288-8737