

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

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000005150

1. Entity Name
KING OF THE RING BOXING CLUB, INC.



Principal Place of Business
**1081 TATE ROAD
CANTONMENT, FL 32533 US**

Mailing Address
**1081 TATE ROAD
CANTONMENT, FL 32533 US**



04142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3351768

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEWIS, BILLY WAYNE
1081 TATE ROAD
CANTONMENT, FL 32533**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEWIS, BILLY WAYNE
STREET ADDRESS	1081 TATE ROAD
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	D
NAME	LEFFEL, LINVEC
STREET ADDRESS	4367 HWY 90
CITY-ST-ZIP	PACE, FL 32521
TITLE	D
NAME	FRANCIS, MARIO
STREET ADDRESS	6024 SUNTAN CIRCLE
CITY-ST-ZIP	PENSACOLA, FL 33526
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000520836
05/02/06-80110-016 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:

Billy Lewis
Billy Lewis

4-17-06

850-937-8386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #