

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000042951

1. Entity Name
HKH FINANCIAL CENTER, INC.



FILED

06 NOV 16 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11062006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3643442

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KOPEC, THADDEUS W
206 SW 10TH ST
OCALA, FL 34474-4264

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Numbers 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 _____
Signature (Typed or printed name of registered agent and date applicable) (NOTE: For State Agent, typed or printed name of agent is not required) DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HOPKINS, VERNON N	
STREET ADDRESS	1906 CLATTERBRIDGE ROAD	
CITY- ST- ZIP	OCALA, FL 344718352	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KOPEC, THADDEUS W	
STREET ADDRESS	4980 SW 7TH AVENUE ROAD	
CITY- ST- ZIP	OCALA, FL 344746072	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HILL, PATRICK M	
STREET ADDRESS	1516 SE 23RD AVENUE	
CITY- ST- ZIP	OCALA, FL 344712613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	800081826798	
CITY- ST- ZIP	11/16/06--01009--003 **70.00	
TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	ST D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thaddeus W. Kopec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/06 352-671-5310
Date Daytime Phone