

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # P02000102253

1. Entity Name
HK FOOTWEAR INC.



Principal Place of Business
1116 BLACKJACK RIDGE ST.
MINNEOLA, FL 34715

Mailing Address
1116 BLACKJACK RIDGE ST.
MINNEOLA, FL 34715



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1630605

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HORGESHIMER, DOMINIC
1116 BLACKJACK RIDGE ST.
MINNEOLA, FL 34715

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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P,D
NAME KLEPPER, JENNIFER M
STREET ADDRESS 1507 GLASTONBERRY ROAD
CITY-ST-ZIP MAITLAND, FL 32751

TITLE VP,D
NAME HORGESHIMER, TRACY
STREET ADDRESS 1116 BLACKJACK RIDGE ST.
CITY-ST-ZIP MINNEOLA, FL 34715

TITLE T,D
NAME HORGESHIMER, DOMINIC
STREET ADDRESS 1116 BLACKJACK RIDGE ST.
CITY-ST-ZIP MINNEOLA, FL 34715

TITLE
NAME
STREET ADDRESS
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000000425259
02/18/06-80087-018 150.00

**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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/2006

Date

Daytime Phone #