


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90005 044 \*\*\*150.00

<b>DOCUMENT # P03000003534</b>	
1. Entity Name <b>HAND N HAND SPORTS CORPORATION</b>	

Principal Place of Business <b>105 BEACH DRIVE SUITE A-3 FORT WALTON BEACH, FL 32547 US</b>	Mailing Address <b>105 BEACH DRIVE SUITE A-3 FORT WALTON BEACH, FL 32547 US</b>
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**50001764**



2. Principal Place of Business <b>416 Shelter Cove Dr</b>	3. Mailing Address <b>755 Grand Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>B105-185</b>

01072005 Chg-P CR2E034 (10/03)

City & State <b>Santa Rosa Beach, FL</b>	City & State <b>Miramar Beach, FL</b>
Zip <b>32459</b>	Zip <b>32550</b>
Country <b>Walton</b>	Country <b>Walton</b>

4. FEI Number <b>51-0444100</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KENDALL, VICKI S 180 BEACH DRIVE SUITE A-3 FORT WALTON BEACH, FL 32547</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>416 Shelter Cove Drive</b> City <b>Santa Rosa Beach</b> <b>FL</b> Zip Code <b>32459</b>
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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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KENDALL, TERRELL G 180 BEACH DRIVE, SUITE A-3 FORT WALTON BEACH, FL 32547</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>416 Shelter Cove Dr Santa Rosa Beach, FL 32459</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KENDALL, VICKI S 180 BEACH DRIVE, SUITE A-3 FORT WALTON BEACH, FL 32547</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>416 Shelter Cove Dr Santa Rosa Beach, FL 32459</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Vicki S. Kendall*, Vicki S. Kendall 1/7/05 850 314 9628  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #