

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000027423

1. Entity Name
HUEY SPORTS, INC.



Principal Place of Business
5044 NW 87TH TERRACE
CORAL SPRINGS, FL 33067

Mailing Address
5044 NW 87TH TERRACE
CORAL SPRINGS, FL 33067

FILED

05 AUG 30 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0508385

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEINHART, HARRIS
5044 NW 87TH TERRACE
CORAL SPRINGS, FL 33067

**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

**FILE NOW! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☒ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEINHART, HARRIS R 4613 N UNIVERSITY DR STE 199 CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEINHART, BRET 4613 N UNIVERSITY DR STE 199 CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEINHART, NANCY 4613 N UNIVERSITY DR STE 199 CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UNREGISTERED
08/30/05 08:12-020 150.00

**DO NOT WRITE
IN THIS SPACE**

400059542933
09/12/05--01068--001 **155.00

8/30/05

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:

Harris Steinhart HARRIS STEINHART 8/16/2005 800-254839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #