2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90118 020 ***150.00

DOCUMENT # P03000128151

1. Entity Name
PUNCHOUT MAN INC.

Principal Place of Business	Mailing Address
19224 MURCOTT DRIVE EAST FORT MYERS, FL 33912	19224 MURCOTT DRIVE EAST FORT MYERS, FL 33912

JUU14JJ/

04162006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
14052 St. Kitts Dr.	14052 St. Kitts Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Myers FL	City & State: Ft. Myers FL
Zip: 33905 Country: Lee	Zip: 33905 Country: Lee

4. FEI Number ~~45-0529147~~ 80-0096498 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAYEK, MICHAEL D
19224 MURCOTT DRIVE EAST
FORT MYERS, FL 33912

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 14052 St. Kitts Dr.
City Ft. Myers FL Zip Code 33905

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HAYEK, MICHAEL D 19224 MURCOTT DRIVE EAST FORT MYERS, FL 33912 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	14052 St. Kitts Dr. Ft. Myers FL 33905 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] Michael D. Hayek 4/18/06 239-470-1093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #