## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT DOCUMENT # P04000137414**

Principal Place of Business

HOT PANTS OF FLORIDA, INC.

Entity Name

Mailing Address

3715 W. SPRUCE STREET SUITE A

P.O. BOX 18032 TAMPA, FL 33679

TAMPA, FL 33607



**FILED** 

May 01, 2006 08:00 AN Secretary of State

04272006	No Chg-P	CR2E034 (11/05)	

## DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 20-2648223 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

ELLIOTT, JOHARI P.O. BOX 18032 **TAMPA, FL 33679** 

## DO NOT WRITE IN THIS SDACE

				IN THIS SPACE				
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept			
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registere	d Agent signature	required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS	ļ					
TITLE	DP							
NAME STREET ADORESS	ELLIOTT, JOHARI P.O. BOX 18032				to the course on the proper and the course			
CITY-ST-ZIP	TAMPA, FL 33679				UG0000557228 05/17/06-80042-004 1 <b>5</b> 0.00			
TITLE	VPST	-						
NAME	ELLIOTT, JOHARI							
STREET ADDRESS	P.O. BOX 18032							
CITY-ST-ZIP	TAMPA, FL 33679		1					
TITLE								
NAME								
STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
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12. Thereby certify that the information supplied with this filling 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.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #