

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

7/31/2006-90005-036-\$150.00-\$150.00

SECRETARY OF
DIVISION OF REVENUE

06 SEP 25 PM 1:58

DOCUMENT # P05000106580 1. Entity Name POOCH HOOCH, INC.					
Principal Place of Business 11430 PENDELTON ST BONITA SPRINGS, FL 34135			Mailing Address 11430 PENDELTON ST BONITA SPRINGS, FL 34135		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FFL Number 33-11212				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPIGEE LUTHERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			Name TERRY M. FULMER Street Address (P.O. Box Number is Not Acceptable) 11430 PENDELTON ST. City BONITA SPRINGS FL Zip Code 34135		
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: DATE: 7-28-06 (Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering))					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		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	PSTD FULMER, TERRY M 11430 PENDELTON ST BONITA SPRINGS, FL 34135 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100080312951 09/29/06--01067--013 **400.00	
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:			DATE: 7-28-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

(over)