

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jun 04, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P94000075133**

1. Entity Name

KANDT KONNECTION GOLF, INC.



Principal Place of Business

874 CHICKADEE DR  
PORT ORANGE, FL 32127 US

Mailing Address

874 CHICKADEE DR  
PORT ORANGE, FL 32127 US



05312007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3276743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KANDT, LUANN  
874 CHICKADEE DR  
PORT ORANGE, FL 32127

**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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/2007

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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  
PVPT  
KANDT, LUANN  
874 CHICKADEE DR  
PORT ORANGE, FL 32127

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
KANDT, LUANN  
874 CHICKADEE DR  
PORT ORANGE, FL 32127

TITLE  
NAME  
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TITLE  
NAME  
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CITY-ST-ZIP

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06/04/07-80003-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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]* 5/1/2007 LUANN KANDT, PRESIDENT