2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000017622

1. Entity Name
KIICK SPORTS PROMOTIONS & EVENTS, INC

Principal Place of Business	Mailing Address
2900 S UNIVERSITY DR APT 9112 DAVIE, FL 33328	2900 S. UNIVLRSITY DR APT 9112 DAVIE, FL 33328

DO NOT WRITE IN THIS SPACE

03092004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0568719
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KIICK, JAMES F
2900 S UNIVERSTIY DR., APT. 9112
DAVIE, FL 33328

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000127293
04/23/04--00059--008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	KIICK, JAMES F
STREET ADDRESS	2900 S UNIVERSITY DR #912
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	VSD
NAME	KIICK, MARY M
STREET ADDRESS	4001 EAST LAKE ESTATES DR
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information indicated on 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 added, above.

SIGNATURE: James F Kiick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date