

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000025082

1. Entity Name
K & S HOCKEY INC.



Principal Place of Business
**1863 HIGHLAND AVENUE NORTH
CLEARWATER, FL 33765**

Mailing Address
**1863 HIGHLAND AVENUE NORTH
CLEARWATER, FL 33765**



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3434213

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

**HOCKEY, KENNETH J
1863 HIGHLAND AVENUE NORTH
UNIT 2
CLEARWATER, FL 34615**

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

**000000431449
02/23/06-80027-023 150.00**

10. OFFICERS AND DIRECTORS:

TITLE	D
NAME	HOCKEY, KENNETH J
STREET ADDRESS	3001 ENISGROVE DR EAST
CITY - ST - ZIP	PALM HARBOR, FL 34683
TITLE	D
NAME	HOCKEY, SALLY J
STREET ADDRESS	3001 ENISGROVE DR EAST
CITY - ST - ZIP	PALM HARBOR, FL 34683
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-06

727-446-565

Date

Daytime Phone #