

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000053311	
1. Entity Name H. T. KANE, INC.	
Principal Place of Business 3129 BEACH BLVD SOUTH GULFPORT, FL 33707	Mailing Address 770 CAPRI BLVD TREASURE ISLAND, FL 33706



DO NOT WRITE IN THIS SPACE

05022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3516569	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KANE, HELGA
3129 BEACH BLVD SOUTH
GULFPORT, FL 33707

**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, 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
Due by September 7, 2005**

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	D
NAME	KANE, HELGA
STREET ADDRESS	770 CAPRI BLVD
CITY-ST-ZIP	TREASURE ISLAND, FL 33706

TITLE	D
NAME	KANE, TIMOTHY J
STREET ADDRESS	770 CAPRI BLVD
CITY-ST-ZIP	TREASURE ISLAND, FL 33706

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/05-80103-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Helga Kane *Helga Kane*

4-30-05 (27)347-6299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone