

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90059 015 ***158.75

DOCUMENT # P99000040146

1. Entity Name
SOCCER TECHNIQUES, INC.



Principal Place of Business
**2425 QUEENSWOOD CIRCLE
KISSIMMEE, FL 34743**

Mailing Address
**2425 QUEENSWOOD CIRCLE
KISSIMMEE, FL 34743**

2. Principal Place of Business
**100 BURRELL CIRCLE
KISSIMMEE
FL
34744**

3. Mailing Address
**100 BURRELL CIRCLE
KISSIMMEE
FL
34744**

Country
U.S.A.



02082005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**WILSON, JOHN
2425 QUEENSWOOD CIRCLE
KISSIMMEE, FL 34743**

7. Name and Address of New Registered Agent
Name **JOHN WILSON**
Street Address (P.O. Box Number is Not Acceptable)
**100 BURRELL CIRCLE
KISSIMMEE
FL 34744**

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 J. T. Wilson (President) DATE **15 FEB 05**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 | DP WILSON, JOHN 2425 QUEENSWOOD CIRCLE KISSIMMEE, FL 34743 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D.P. JOHN WILSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 BURRELL CIRCLE KISSIMMEE FL 34744 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV WILSON, KEVIN 2425 QUEENSWOOD CIRCLE KISSIMMEE, FL 34743 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D.V. WILSON KEVIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 BURRELL CIRCLE KISSIMMEE FL 34744 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS WILSON, LINDA 2425 QUEENSWOOD CIRCLE KISSIMMEE, FL 34743 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D.S. WILSON LINDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 BURRELL CIRCLE KISSIMMEE FL 34744 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT HILYARD, DENNIS 2425 QUEENSWOOD CIRCLE KISSIMMEE, FL 34743 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D.T. HILYARD DENNIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 BURRELL CIRCLE KISSIMMEE FL 34744 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with 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 on an attachment with an address, with all other like empowered.

SIGNATURE: J. T. Wilson **JOHN WILSON** **D.P.** **FEB 15 2005** **407-344-1083**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #