

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000040146

1. Entity Name
SOCCER TECHNIQUES, INC.



Principal Place of Business
**100 BURRELL CIRCLE
KISSIMMEE, FL 34744**

Mailing Address
**100 BURRELL CIRCLE
KISSIMMEE, FL 34744**



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3575512	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WILSON, JOHN
100 BURRELL CIRCLE
KISSIMMEE, FL 34744**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILSON, JOHN 100 BURRELL CIRCLE KISSIMMEE, FL 34744
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILSON, KEVIN 100 BURRELL CIRCLE KISSIMMEE, FL 34744
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILSON, LINDA 100 BURRELL CIRCLE KISSIMMEE, FL 34744
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HILYARD, DENNIS 100 BURRELL CIRCLE KISSIMMEE, FL 34744
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/27/07-80028-007-150.00

**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: J. T. Wilson **JOHN WILSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 April 07
Date

407-344-1083
Daytime Phone #