


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90051 005 \*\*\*150.00

<b>DOCUMENT # 321950</b>	
1. Entity Name <b>HOBO, INC.</b>	

Principal Place of Business <b>3203 WALLER STREET JACKSONVILLE FL 32254 US</b>	Mailing Address <b>3203 WALLER STREET JACKSONVILLE FL 32254 US</b>
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2. Principal Place of Business	3. Mailing Address <b>HOBO INC</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>4632 County Rd. 108</b>
City & State	City & State <b>Hilliard FL</b>
Zip	Country <b>USA</b>
Country	Zip <b>32046</b>



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent <b>MASON, HOWARD T 3203 WALLER STREET JACKSONVILLE FL 32205</b>	
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4. FEI Number <b>59-1173250</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	State <b>FL</b>
Zip Code	

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
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MASON, HOWARD T</b>	
STREET ADDRESS	<b>4632 COUNTY RD 108</b>	
CITY-ST-ZIP	<b>HILLIARD FL</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>MASON, BOBBIE J</b>	
STREET ADDRESS	<b>4632 COUNTY RD 108</b>	
CITY-ST-ZIP	<b>HILLIARD FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: 	<b>HOWARD T. MASON</b>	Date <b>2-7-05</b>	Daytime Phone # <b>904-879-6748</b>
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