

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90328 014 ***150.00

DOCUMENT # 657678

1. Entity Name

HOF, INC.



Principal Place of Business

6060 SW 18TH ST.
#101
BOCA RATON FL 33433

Mailing Address

6060 SW 18TH ST.
#101
BOCA RATON FL 33433

14000937



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

2015 Wexford Green Dr

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2722

Suite, Apt. #, etc.

City & State

Valrico FL

City & State

Valrico FL

4. FEI Number

59-2387561

Applied For

Not Applicable

Zip

33594

Country

USA

Zip

33595

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CROYLE, PHILIP J
2500 N. MILITARY TRAIL STE 480
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FOLKERSEN, HENRY
STREET ADDRESS 390 N. FEDERAL HWY #402
CITY-ST-ZIP DEERFIELD BCH FL

TITLE STD ☐ Delete
NAME FOLKERSEN, R EYVONNE
STREET ADDRESS 390 N FEDERAL HWY, #402
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2015 Wexford Green Drive
CITY-ST-ZIP Valrico, FL 33594

TITLE ☒ Change ☐ Addition
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TITLE ☐ Change ☐ 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

R. Eyvonne Folkersen

R. Eyvonne Folkersen STD

Date

4/19/05

813-643-2426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #