

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90310 010 ***150.00

DOCUMENT # 657678



1. Entity Name

HOF, INC.

Principal Place of Business

Mailing Address

2015 WEXFORD GREEN DRIVE
VALRICO FL 33594

P O BOX 2722
VALRICO FL 33595

2. Principal Place of Business

3. Mailing Address

P.O. Box 2700

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Valrico FL

Zip

Country

Zip

Country

33595-2700

4. FEI Number

59-2387561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

370 W Camino Gardens Blvd #300

City Valrico

FL

Zip Code

33432

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME FOLKERSEN, HENRY
STREET ADDRESS 2015 WEXFORD GREEN DRIVE
CITY-ST-ZIP VALRICO FL 33594

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME FOLKERSEN, R EYVONNE
STREET ADDRESS 2015 WEXFORD GREEN DRIVE
CITY-ST-ZIP VALRICO FL 33594

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

R. Eyvonne Folsen R. Eyvonne Folsen

Date

4/10/06

Daytime Phone #

813-6432426