2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J97092

Entity Name: HODOVAL REFURBISHING, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

9 EAST YALE ST.

ORLANDO, FL 32804 US

Current Mailing Address: New Mailing Address:

9 EAST YALE ST

ORLANDO, FL 32804 US

FEI Number: 59-2860672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HODOVAL, LINDA L PRES HODOVAL, LINDA L 9 EAST YALE ST 9 EAST YALE ST

ORLANDO, FL 32804 US ORLANDO, FL 32804 US

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.

SIGNATURE: LINDA HODOVAL 04/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S () Delete Title: P/T (X) Change () Addition

 Name:
 HODOVAL, LINDA L P/T
 Name:
 HODOVAL, LINDA L

 Address:
 9 EAST YALE ST
 Address:
 9 EAST YALE ST

 City-St-Zip:
 ORLANDO, FL 32804 US
 City-St-Zip:
 ORLANDO, FL 32804 US

Title: V () Delete Title: V (X) Change () Addition

 Name:
 HODOVAL, CHARLES L V
 Name:
 HODOVAL, CHARLES L

 Address:
 9 EAST YALE ST
 Address:
 9 EAST YALE ST

 City-St-Zip:
 ORLANDO, FL 32804 US
 City-St-Zip:
 ORLANDO, FL 32804 US

Title: T () Delete Title: S (X) Change () Addition

Name: HODOVAL, CHARLES R S Name: HODOVAL, CHARLES R

Address: 9 E YALE ST Address: 9 E YALE ST

City-St-Zip: ORLANDO, FL 32804 US City-St-Zip: ORLANDO, FL 32804 US

Title: () Delete Title: VP () Change (X) Addition

Name: BROADBENT, CHANDRA

 Address:
 Address:
 9 E YALE ST

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32804 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA HODOVAL PRES 04/27/2009