


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P05000086776	
1. Entity Name HOFFMAN ROSS HOFFMAN, INC.	

Principal Place of Business 20372 E PENNSYLVANIA AVE STE C DUNNELLON, FL 34432	Mailing Address 20372 E PENNSYLVANIA AVE STE C DUNNELLON, FL 34432
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1120101	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOFFMAN, DARYL D 20372 E PENNSYLVANIA AVE STE C DUNNELLON, FL 34432

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, DARYL D 20372 E PENNSYLVANIA AVE STE C DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, BECKY JO 20372 E PENNSYLVANIA AVE STE C DUNNELLON, FL 34432
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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: <u>Becky Jo Hoffman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Director</u> <small>BECKY JO HOFFMAN</small>	<u>4/30/07</u> <small>Date</small>	<u>352 465-5040</u> <small>Daytime Phone #</small>
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