2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P15127

1. Entity Name
INTERHOBA OF FLORIDA, INC.

Principal Place of Business	Mailing Address
103 NORTH LAKE DR ORMOND BEACH, FL 32174 US	103 NORTH LAKE DR ORMOND BEACH, FL 32174 US

000000446360
03/08/06-80035-008 150.00

02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3381632
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GALSHACK, DAVID
103 NORTH LAKE DRIVE
ORMOND BEACH, FL 32174

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GLADKY, BORIS
STREET ADDRESS	CH 1275
CITY-ST-ZIP	CHESEREX, SW
TITLE	S
NAME	FLOCH, GAIL
STREET ADDRESS	103 N LAKE DR
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	VPT
NAME	GALSHACK, DAVID
STREET ADDRESS	103 NORTH LAKE DR
CITY-ST-ZIP	ORMOND BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: DAVID GALSHACK 2/15/06 386-437-2993 x17
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #