

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15127

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: INTERHOBBA OF FLORIDA, INC.

## Current Principal Place of Business:

103 NORTH LAKE DR  
ORMOND BEACH, FL 32174 US

## New Principal Place of Business:

## Current Mailing Address:

103 NORTH LAKE DR  
ORMOND BEACH, FL 32174 US

## New Mailing Address:

FEI Number: 13-3381632      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

FLOCH, GAIL  
103 NORTH LAKE DRIVE  
ORMOND BEACH, FL 32174 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: GAIL FLOCH

03/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GLADKY, BORIS  
Address: CH 1275  
City-St-Zip: CHESEREX, SW

Title: S ( ) Delete  
Name: FLOCH, GAIL  
Address: 103 N LAKE DR  
City-St-Zip: ORMOND BEACH, FL

Title: VPT ( ) Delete  
Name: GALSHACK, DAVID  
Address: 103 NORTH LAKE DR  
City-St-Zip: ORMOND BEACH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BACHELARD, LAURENT  
Address: CH 1275  
City-St-Zip: CHESEREX, SW

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: GALSHACK, DAVID  
Address: 3333 NOBLE FIR TRACE  
City-St-Zip: GAINESVILLE, GA 30504

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: DAVID GALSHACK

VP

03/06/2009

Electronic Signature of Signing Officer or Director

Date