

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 657678

Entity Name: HOF, INC.**Current Principal Place of Business:**2015 WEXFORD GREEN DRIVE
VALRICO, FL 33594**Current Mailing Address:**P O BOX 2700
VALRICO, FL 33595-2700**FEI Number:** 59-2387561**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CROYLE, PHILIP J
370 W CAMINO GARDENS BLVD
#300
BOCA RATON, FL 33432 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SD, SECRETARY
Name	FOLKERSEN, R. EYVONNE
Address	P O BOX 2700
City-State-Zip:	VALRICO FL 33595-2700

Title	DIRECTOR
Name	FOLKERSEN, HENRY
Address	P O BOX 2700
City-State-Zip:	VALRICO FL 33595-2700

Title	TREASURER, DIRECTOR
Name	FOLKERSEN, WENDI M
Address	P O BOX 2700
City-State-Zip:	VALRICO FL 33595-2700

Title	PRESIDENT, DIRECTOR
Name	FOLKERSEN, JEFFREY S
Address	P O BOX 2700
City-State-Zip:	VALRICO FL 33595-2700

I hereby 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 all other like empowered.

SIGNATURE: R. EYVONNE FOLKERSEN

SD, SECRETARY

04/18/2014

Electronic Signature of Signing Officer/Director Detail_____
Date