

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J97092

**FILED**  
**Jan 14, 2018**  
**Secretary of State**  
**CC5469769596**

**Entity Name:** HODOVAL REFURBISHING, INC.

**Current Principal Place of Business:**

9 E YALE ST  
ORLANDO, FL 32804

**Current Mailing Address:**

9 E YALE ST  
ORLANDO, FL 32804 US

**FEI Number:** 59-2860672

**Certificate of Status Desired:** No

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

HODOVAL, LINDA L  
9 E YALE ST  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HODOVAL, LINDA L  
Address 9 E YALE ST  
City-State-Zip: ORLANDO FL 32804

Title VP  
Name HODOVAL, CHARLES L  
Address 9 E YALE ST  
City-State-Zip: ORLANDO FL 32804

Title TREASURER  
Name HODOVAL, CHARLES RR  
Address 9 E YALE ST  
City-State-Zip: ORLANDO FL 32804

Title SECRETARY  
Name BROADBENT, CHANDRA  
Address 9 E YALE ST  
City-State-Zip: ORLANDO FL 32804

Title ASST. TREASURER  
Name HODOVAL, KELLY  
Address 9 E YALE ST  
City-State-Zip: ORLANDO FL 32804

*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:** LINDA HODOVAL

**PRESIDENT**

**01/14/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date