

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 585980

1. Entity Name
HOBBY OASIS, INC.



Principal Place of Business
**3520-3 ST. JOHNS BLUFF RD.
JACKSONVILLE, FL 32224**

Mailing Address
**3520-3 ST. JOHNS BLUFF RD.
JACKSONVILLE, FL 32224**



01222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1840405

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HENK, DAVID
4006 LANDFALL LANE
JACKSONVILLE, FL 32224**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00,
After May 1, 2005 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 HENK, DAVID C
STREET ADDRESS 4006 LANDFALL LN.
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE VPD
NAME HENK, MARY A
STREET ADDRESS 225 ELMORE AVE.
CITY-ST-ZIP TRENTON, NJ 08619

TITLE STD
NAME HOARD, SUZANNE
STREET ADDRESS 4400 MOREHOUSE TERRACE
CITY-ST-ZIP CHESTERFIELD, VA 23832

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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04/14/05-80046-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 C. Henk **DAVID C. HENK**

2/1/05 904641-8800
Date Daytime Phone #