2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 585980

1. Entity Name
HOBBY OASIS, INC.

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

01162007 No Chg-P CR2E034 (11/05)

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

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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, 2007 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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02/28/07-80072-002 150.00

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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 C. Henk David C. Henk 2-17-07 9046418800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #