

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # 644497

1. Entity Name
ORANGE PARK HOBBY AND MERCHANDISING, INC.



Principal Place of Business
**175 BLANDING BLVD.
ORANGE PARK, FL 32073**

Mailing Address
**175 BLANDING BLVD.
ORANGE PARK, FL 32073**



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1954719

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SWINK, RITA L.
175 BLANDING BOULEVARD
ORANGE PARK, FL 32073**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000642841
03/01/07-80058-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SWINK, DONALD WILLIAM
STREET ADDRESS	2838 ADMIRALS WALK DR.
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	PD
NAME	SWINK, RITA L.
STREET ADDRESS	2838 ADMIRALS WALK DR.
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	VP
NAME	SWINK, GREGORY A.
STREET ADDRESS	2838 ADMIRAL'S WALK DR.
CITY-ST-ZIP	ORANGE PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Donald William Swink *Rita L. Swink*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-07

Date

904.772.9445

Daytime Phone #