

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 827193**

1. Entity Name  
**HOBBS GROUP, INC.**



Principal Place of Business

**4401 NORTHRIDE PKWY.  
STE 560  
ATLANTA, GA 30327**

Mailing Address

**4401 NORTHRIDE PKWY.  
STE 560  
ATLANTA, GA 30327**

**FILED**

**04 MAY -3 PM 3:00**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



04282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-2191314**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DONOVAN, DANIEL J
STREET ADDRESS	4401 NORTHSIDE PWY., STE 560
CITY-ST-ZIP	ATLANTA, GA 30327
TITLE	S
NAME	SMITH, WALTER L
STREET ADDRESS	4951 LAKE BROOK DRIVE, STE 500
CITY-ST-ZIP	GLEN ALLEN, VA 23060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**200035360992**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/04**  
Date

**804 347-3125**  
Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 603957 5012152

AUTHORIZATION :

COST LIMIT : \$ 150.00

*Patricia Pigute*

ORDER DATE : April 30, 2004

ORDER TIME : 11:42 AM

ORDER NO. : 603957-025

CUSTOMER NO: 5012152

CUSTOMER: Mr. Michael V. Pollard  
Hilb, Rogal And Hamilton  
4951 Lake Brook Drive, #500

Glen Allen, VA 23060

RECEIVED  
04 MAY -3 PM 3:02  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: HOBBS GROUP, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: \_\_\_\_\_