

2004 FOR PROFIT CORPORATION ANNUAL REPORT

1072

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



DO NOT WRITE IN THIS SPACE

04282004 No Chg-P CR2E034 (10/03)

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P DONOVAN, DANIEL J 4401 NORTHSIDE PWY., STE 560 ATLANTA, GA 30327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, WALTER L 4951 LAKE BROOK DRIVE, STE 500 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	
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: _____ **4/28/04** **804 747-3125**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032
REFERENCE : 603957 5012152
AUTHORIZATION : *Patricia Pigute*
COST LIMIT : \$ 150.00

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
DEPARTMENT 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: _____