2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 851963

1. Entity Name
HOVSONS, INC.

Principal Place of Business	Mailing Address
1 HOVCHILD PLAZA, 4000 ROUTE 66 TINTON FALLS, NJ 07753	1 HOVCHILD PLAZA, 4000 ROUTE 66 TINTON FALLS, NJ 07753

DO NOT WRITE IN THIS SPACE

07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
22-1736966
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CIKLIN, ALAN
NORTHBRIDGE CENTER STE 1900
515 N FLAGLER DR
WEST PALM BEACH, FL 33401

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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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOVNANIAN, HIRAIR
STREET ADDRESS	4000 RT 66
CITY-ST-ZIP	TINTON FALLS, NJ
TITLE	VT
NAME	VOGEL, JOHN R
STREET ADDRESS	4000 ROUTE 66
CITY-ST-ZIP	TINTON FALLS, NJ
TITLE	V
NAME	HOVNANIAN, EDELE
STREET ADDRESS	4000 ROUTE 66
CITY-ST-ZIP	TINTON FALLS, NJ
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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07/13/04-80008-002 158.75

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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: _____ EVP 7-1-04 (732) 922-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #