


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000005800 1. Entity Name HOBBY LOBBY STORES, INC.	
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Principal Place of Business 7701 S.W. 44TH STREET OKLAHOMA CITY, OK 73179	Mailing Address 7701 S.W. 44TH STREET OKLAHOMA CITY, OK 73179
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03282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 73-1032203	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**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 renewing).

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD GREEN, DAVID M 7701 S.W. 44TH STREET OKLAHOMA CITY, OK 73179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREEN, MART D 7701 S.W. 44TH STREET OKLAHOMA CITY, OK 73179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, STEVEN T 7701 S.W. 44TH STREET OKLAHOMA CITY, OK 73179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAYWOOD, KENNETH 7701 S.W. 44TH STREET OKLAHOMA CITY, OK 73179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARGILL, JON 7701 S.W. 44TH STREET OKLAHOMA CITY, OK 73179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DARROW, BILL 7701 S.W. 44TH STREET OKLAHOMA CITY, OK 73179

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04/01/05-30033-004 158.75

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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

Jon Cargill, VP/CF6

3/28/05 (405) 745-1100

Date

Daytime Phone #