

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000000865

Entity Name: GARY N. HOFFMAN, INC.

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

6991 GREAT FALLS CIRCLE  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

6991 GREAT FALLS CIRCLE  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

FEI Number: 13-2832448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOFFMAN, GARY  
6991 GREAT FALLS CIRCLE  
BOYNTON BEACH, FL 33437 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HOFFMAN, GARY  
Address: 6991 GREAT FALLS CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: STD  
Name: HOFFMAN, ELLEN  
Address: 6991 GREAT FALLS CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY HOFFMAN

PRES

03/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date