## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT #F11348 07-19-2006 90004 001 \*\*\*150.00 DONALD G. HOEY ASSOCIATES, INC. Principal Place of Business Mailing Address **6816 ALTAMIRA STREET** 6816 ALTAMIRA STREET C/O DONALD G. HOEY C/O DONALD G. HOEY CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business 3. Mailing Address 926 Hanover Way 926 Hanover Way Suite, Apt. #, etc. Suite, Apt. #, etc. 07152006 Chg-P CR2E034 (11/05) City & State City & State Applied For 4. FEI Number Lakeland, 59-2046105 Not Applicable FL Lakeland, Country Zip 33813 Country Zio \$8.75 Additional 5. Certificate of Status Desired П USA 33813 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOEY, DONALD G. Street Address (P.O. Box Number is Not Acceptable) **6816 ALTAMIRA STREET** CORAL GABLES, FL 33146 926 Hanover Way <sup>City</sup> Lakeland Zip Code 33813 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 6, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE ☐ Delete TITE ☐ Change ☐ Addition NAME HOEY, DONALD G NAME 926 Hanover Way STREET ADDRESS STREET ADDRESS 6816 ALTAMIRA ST Lakeland, FL 33813 CITY-ST-ZIP CORAL GABLES, FL 00000, CITY-ST-ZIP VSD ☐ Delete TITLE ☐ Change ☐ Addition NAME HOEY, MARTA E NAME 926 Hanover Way STREET ADDRESS 6816 ALTAMIRA ST STREET ADDRESS Lakeland, FL 33813 CORAL GABLES, FL 00000. CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITEF ☐ Delete Change NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Kloused D. Horry

FILED

Jul 19, 2006 8:00 am