


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # F30536
 1. Entity Name
HO-BO-GO, INC.



Principal Place of Business
**2111 PALMA SOLA BLVD.
 BRADENTON, FL 34209**

Mailing Address
**2111 PALMA SOLA BLVD.
 BRADENTON, FL 34209**



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2114863 Applied For
 Not Applicable

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

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8. Name and Address of Current Registered Agent
**HORVATH, L
 2111 PALMA SOLA BLVD
 BRADENTON, FL 34209**

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9. 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, 2006 Fee will be \$550.00

8. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT HORVATH, LOUIS 2111 PALMA SOLA BLVD BRADENTON, FL 34209 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS HORVATH, IRENE 2111 PALMA SOLA BLVD SARASOTA, FL |
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 04/25/06-80017-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 219, 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: LOU HORVATH [Signature] 4/5/06 941-795-1022
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #