

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90009 014 ***150.00

DOCUMENT # F36976
 1. Entity Name
HOOD ENTERPRISES, INC.



Principal Place of Business: **10829 U.S. HWY 92 E. TAMPA FL 33610**
 Mailing Address: **10829 U.S. HWY 92 E. TAMPA FL 33610 US**

54024687



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____

4. FEI Number: **59-2168652**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DAVID M. HOOD
10929 U.S. HWY 92 E.
TAMPA FL 33610

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **10829 U.S. Hwy. 92 E**
 City: **TAMPA** FL Zip Code: **33610**

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
After May 1, 2004. Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE: VP	<input type="checkbox"/> Delete
NAME: COPNOLLY, JOHN K	
STREET ADDRESS: 10826 U.S. HWY. 926	
CITY-ST-ZIP: SEFFNER FL 33584	
TITLE: P	<input type="checkbox"/> Delete
NAME: HOOD, DAVID M.	
STREET ADDRESS: 10829 HWY 92 EAST	
CITY-ST-ZIP: TAMPA FL 33610	
TITLE: ST	<input type="checkbox"/> Delete
NAME: HOOD, MOZELLE C	
STREET ADDRESS: 7406 TIDELOPTER TRAIL	
CITY-ST-ZIP: TAMPA FL 32619	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: UP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CONNOLLY, JOHN K	
STREET ADDRESS: 10826 U.S. Hwy 92 EAST	
CITY-ST-ZIP: SEFFNER, FL 33584	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: 7406 Tidewater Trail	
CITY-ST-ZIP: TAMPA FL 33619	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

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: **Mozelle C. Hood** Date: **3-25-04** Daytime Phone #: **813-626-2461**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR