

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FLI 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  
10829 U.S. HWY 92E  
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 requalifying)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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 ☐ Delete  
NAME CONNOLLY, JOHN K  
STREET ADDRESS 10826 U.S. HWY 92 E  
CITY-ST-ZIP SEFFNER FL 33584

TITLE P ☐ Delete  
NAME HOOD, DAVID M.  
STREET ADDRESS 10829 HWY 92 EAST  
CITY-ST-ZIP TAMPA FL 33610

TITLE ST ☐ Delete  
NAME HOOD, MOZELLE C  
STREET ADDRESS 7406 TIDEWATER TRAIL  
CITY-ST-ZIP TAMPA FL 33619

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS 000000451220  
CITY-ST-ZIP 03/10/06-80045-005 150.00

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Mozelle C. Hood*

SIGNATURE: *Mozelle C. Hood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-06

813-626-246