

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F36976

FILED  
Feb 05, 2010  
Secretary of State

**Entity Name:** HOOD ENTERPRISES, INC.

**Current Principal Place of Business:**

10829 U.S. HWY 92 E.  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

10829 U.S. HWY 92 E.  
TAMPA, FL 33610 US

**New Mailing Address:**

10829 U.S. HWY 92 E.  
TAMPA, FL 33610

**FEI Number:** 59-2168652

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVID M. HOOD  
10829 U.S. HWY 92E  
TAMPA, FL 33610 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HOOD, DAVID M  
Address: 10829 U.S. HWY 92 E  
City-St-Zip: TAMPA, FL 33610

Title: VP  
Name: CONNOLLY, JOHN K  
Address: 10826 U.S. HWY 92 E  
City-St-Zip: SEFFNER, FL 33584

Title: S  
Name: HOOD, MOZELLE C  
Address: 7406 TIDEWATER TRAIL  
City-St-Zip: TAMPA, FL 33619

Title: T  
Name: PENDANG, STACY N  
Address: 4612 ASHBURN SQUARE DR.  
City-St-Zip: TAMPA, FL 33610

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:** STACY N. PENDANG

T

02/05/2010

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

\_\_\_\_\_  
Date