

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # G73324

1. Entity Name
HOBBIT PLASTERING, INC.



Principal Place of Business
**8 TALL TREE LANE
TAYLORS, SC 29687 US**

Mailing Address
**8 TALL TREE LANE
TAYLORS, SC 29687 US**



04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2379051

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BENDER, ALAN
236 LAKE TENNESSEE DR
AUBURNDAL, FL 33828**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BENDER, PHILLIP L
STREET ADDRESS	8 TALL TREE LN
CITY-ST-ZIP	TAYLORS, SC
TITLE	D
NAME	BENDER, DIANE
STREET ADDRESS	8 TALL TREE LN
CITY-ST-ZIP	TAYLORS, SC
TITLE	D
NAME	BENDER, ALAN
STREET ADDRESS	236 LAKE TENNESSEE DR
CITY-ST-ZIP	AUBURNDAL, FL 33828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/05-80057-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip L. Bender
Phillip L. Bender
Pres, Hobbit

Date

Daytime Phone #

864-608-
0375