

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90157 025 ***150.00

DOCUMENT # G84077

1. Entity Name
HOYMAN, DOBSON & COMPANY, P.A.



Principal Place of Business

215 BAYTREE DR
~~ST-1~~
MELBOURNE, FL 32940 US

Mailing Address

215 BAYTREE DR
~~ST-1~~
MELBOURNE, FL 32940 US

50009302



03242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2369629

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOYMAN, CHARLES W JR.
215 BAYTREE DR
~~ST-1~~
MELBOURNE, FL 32940

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	HOYMAN, CHARLES W. JR.
STREET ADDRESS	844 OAK PARK DR
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	DS
NAME	OSWALT, BARBARA J.
STREET ADDRESS	675 WATERWOOD WAY
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	DT
NAME	KIRK, THOMAS L.
STREET ADDRESS	695 CANAL CT.
CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	D
NAME	KIRKLAND, KAREN E.
STREET ADDRESS	463 VESTAVIA CIRCLE
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	D
NAME	DEBORAH A. BLADLEY
STREET ADDRESS	2450 WOODS CANE
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles W. Hoyman Jr 3/30/06 321-255-0088

Date

Daytime Phone #