

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90153 030 ***150.00

DOCUMENT # H08316

1. Entity Name
HOBE GROVES, INC.



Principal Place of Business
3150 CARDINAL DR.
VERO BEACH, FL 32963 US

Mailing Address
3150 CARDINAL DR.
VERO BEACH, FL 32963 US

60031921



01162008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2430635

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HURLEY, THOMAS
2627 S JENKINS ROAD
FORT PIERCE, FL 34981

Name Hurley, Thomas
Street Address (P.O. Box Number is Not Acceptable)
3150 Cardinal Drive
City Vero Beach FL Zip Code 32963

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 Thomas Hurley
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CUSSON, JEFFREY L	
STREET ADDRESS	3150 CARDINAL DR.	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HURLEY, THOMAS	
STREET ADDRESS	3150 CARDINAL DR.	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HURLEY, R. SCOTT	
STREET ADDRESS	3150 CARDINAL DR.	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HURLEY, RICHARD E	
STREET ADDRESS	3150 CARDINAL DR.	
CITY-ST-ZIP	VERO BEACH, FL 32963	
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		<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		
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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 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

Date

Daytime Phone #

4/28/08