

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # H09674

1. Entity Name
HOWARD R. HODGE, INC.



Principal Place of Business
**3740 NE 112TH LN
ROUTE 1 BOX 1440
ANTHONY, FL 32617 US**

Mailing Address
**3740 NE 112TH LANE
ROUTE 1 BOX 1440
ANTHONY, FL 32617 US**



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2454901	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HODGE, HOWARD R.
ROUTE 1, BOX 1440
ANTHONY, FL 32617**

**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's signature required when reinstating)

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 **P**
NAME **HODGE, HOWARD R.**
STREET ADDRESS **3740 NE 112TH LANE**
CITY- ST- ZIP **ANTHONY, FL**

TITLE **V**
NAME **GOEBEL, JOHN J.**
STREET ADDRESS **3850 NE 112TH LANE**
CITY- ST- ZIP **ANTHONY, FL**

TITLE **ST**
NAME **HODGE, GALE E.**
STREET ADDRESS **3740 NE 112TH LANE**
CITY- ST- ZIP **ANTHONY, FL**

TITLE
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UN00000238230
02/21/05-80089-017 150.00

**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)(i), 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 I've empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 28 '05 (352) 622-7336

Date

Daytime Phone #