

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # H98245**

1. Entity Name  
**AD HOC, INC.**



Principal Place of Business

**% JOHN J. HUNT  
6604 DOLPHIN COVE DRIVE  
APOLLO BEACH, FL 33572**

Mailing Address

**% JOHN J. HUNT  
6604 DOLPHIN COVE DRIVE  
APOLLO BEACH, FL 33572**



05212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2630520</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HUNT, JOHN J.  
6604 DOLPHIN COVE DRIVE  
APOLLO BEACH, FL 33570**

**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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	HUNT, JOHN J.
STREET ADDRESS	6604 DOLPHIN COVE DR
CITY- ST- ZIP	APOLLO BEACH, FL
TITLE	D
NAME	HUNT, SUE D.
STREET ADDRESS	6604 DOLPHIN COVE DR
CITY- ST- ZIP	APOLLO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000766207  
06/13/07-80001-004 150.00

**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 or without other like empowerment.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRES.**

**TREAS.**

**6-11-07** **613**  
**6-11-07** **613**  
**6-11-07** **613**

Date

Daytime Phone #

**6-11-07**