2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # J12251

1. Entity Name
HOFFMAN INVESTMENTS, INC.

Principal Place of Business	Mailing Address
2389 N 18TH AVE PENSECOLA, LF 32503 US	2389 NORTH 18TH AVENUE PENSACOLA, FL 32503-5405

03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2828444
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOFFMAN, JAMES E
2389 NORTH 18TH AVENUE
PENSACOLA, FL 32503-5405

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000101548
04/02/04-80017-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	HOFFMAN, GEORGE A.
STREET ADDRESS	6292 MOLINO RD.
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	P
NAME	HOFFMAN, WILLIAM A.
STREET ADDRESS	P O BOX 2874
CITY-ST-ZIP	ORANGE BEACH, AL 36561
TITLE	ST
NAME	HOFFMAN, JAMES E.
STREET ADDRESS	2389 N 18TH AVENUE
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 like empowered.

SIGNATURE: James E. Hoffman ST Mar 30, 04 850-232-2091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #