

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J12251

FILED
Mar 02, 2008
Secretary of State

Entity Name: HOFFMAN INVESTMENTS, INC.

Current Principal Place of Business:

2389 N 18TH ANVE
PENSECOLA, LF 32503 US

New Principal Place of Business:

2389 N 18TH AVE.
PENSECOLA, FL 32503 US

Current Mailing Address:

2389 NORTH 18TH AVENUE
PENSACOLA, FL 325035405

New Mailing Address:

FEI Number: 59-2828444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, JAMES E
2389 NORTH 18TH AVENUE
PENSACOLA, FL 325035405 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: HOFFMAN, GEORGE A.,
Address: 6292 MOLINO RD.
City-St-Zip: CANTONMENT, FL 32533

Title: P () Delete
Name: HOFFMAN, WILLIAM A.,
Address: P.O. BOX 897
City-St-Zip: SILVERHILL, AL 36576

Title: ST () Delete
Name: HOFFMAN, JAMES E.,
Address: 2389 N 18TH AVENUE
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: HOFFMAN, GEORGE A.,
Address: 6292 MOLINO RD.
City-St-Zip: MOLINO, FL 32577

Title: P (X) Change () Addition
Name: HOFFMAN, WILLIAM A.,
Address: 23813 COMMON OAK DR.
City-St-Zip: LOXLEY, AL 36551

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. HOFFMAN

ST

03/02/2008

Electronic Signature of Signing Officer or Director

Date