2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J41683

Name:

Address:

City-St-Zip:

HOFFMAN-OBENLAND, ROSEMARY

187 RAMBLEWOOD DRIVE

DEBARY, FL 32713

FILED Apr 22, 2004 Secretary of State

DOGGINIEITI " O	11000		ocorciary or oracc	
Entity Name: HOFF	MAN BROTHERS, INC.			
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
398 S SHELL ROAD DEBARY, FL 32713	US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
398 S SHELL ROAD DEBARY, FL 32713	US			
FEI Number: 59-2730167	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
STERN, WILLIAM M. 330 N BROADWAY A\ ORLANDO, FL 32803				
The above named enti in the State of Florida.	ty submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Elect	ronic Signature of Registered Age	ent	Date	
Election Campaign Financ	cing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
T::: 55	() B-1-4-	T:41-	O() Ob () A -l-199	

Title: () Delete Title: (X) Change () Addition HOFFMAN, EDWARD J., HOFFMAN, JAMES S Name: Name: 191 RAMBLEWOOD DRIVE 1551 MARVIN ST. Address: Address: City-St-Zip: DEBARY, FL 32713 City-St-Zip: LONGWOOD, FL 32750 Title: () Delete Title: (X) Change () Addition HOFFMAN, JAMES S HOFFMAN, EDWARD J Name: Name: Address: 1551 MARVIN STREET Address: 191 RAMBLEWOOD DR. LONGWOOD, FL 32750 DEBARY, FL 32713 City-St-Zip: City-St-Zip:

Title: STD () Delete Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 HOFFMAN P 04/22/2004