

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2008 08:00 AM
Secretary of State

DOCUMENT # J77764 1. Entity Name DEPOT HOBBY SHOP, INC.	
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Principal Place of Business 518 W. LANTANA RD LANTANA, FL 33462	Mailing Address 518 W. LANTANA RD LANTANA, FL 33462
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DO NOT WRITE IN THIS SPACE

04062008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0021893	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TILLMAN, GEORGINA R
3121 MERION TERRACE
LAKE WORTH, FL 33467

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TILLMAN, JAMES 3121 MERION TERR LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TILLMAN, GEORGINA 3121 MERION TERR LAKE WORTH, FL 33467
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06/03/08-80074-001 150.00

**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 all other like empowered.

SIGNATURE: *George Tillman* 4/22/08 581-585-1982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #