2007 FOR PROFIT CORPORATION ANNUAL REPORT .

DOCUMENT # K26947

1. Entity Name

HOBBY WORLD OF ORANGE PARK, INC.

FILED Feb 05, 2007 08:00 AM Secretary of State

Principal Place of Business

7273 103RD STREET JACKSONVILLE, FL 32210 Mailing Address

7273 103RD STREET JACKSONVILLE, FL 32210



DO NOT WRITE IN THIS SPACE

01152007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 59-2894453 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWINK, RITA 7273 103RD STREET JACKSONVILLE, FL 32073

DO NOT WRITE IN THIS SPACE

8. The at	we named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I a	m familiar with, and accept
the ob	pations of registered agent.	•
0.00	_	

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 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000622160 02/13/07-80014-021 150.00

l	Alter may 1, 2007 Fee Will be \$550.00				
ľ	10.	OFFICERS AND DIRECTORS			
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWINK, RITA 2838 ADMIRALS WALK DR W ORANGE PARK, FL			
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWINK, DONALD 2838 ADMIRAL'S WALK DR W ORANGE PARK, FL			
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWINK, GREGORY A 2838 ADMIRALS WALK DR W ORANGE PARK, FL			
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLER, DAVID P 101054 SANDLER ROAD JACKSONVILLE, FL			
	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
	TITLE NAME		+ B - And And - I - I - I		

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:

STREET ADDRESS CITY-ST-ZIP

BIGHA URE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21-07

404-772-9445