


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90193 001 ***150.00

| | | | | | |
|--|---|---|---|--|--|
| DOCUMENT # K62589 1. Entity Name HOBARTS RESORTS, INC. | | | |  | |
| Principal Place of Business 823 FLEMING STREET KEY WEST, FL 33040 US | | | Mailing Address C/O REGISTER & COMPANY PA 2600 DOUGLAS ROAD/STE 604 CORAL GABLES, FL 33134 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address C/O Oropeza & Parks CPAs 815 Peacock Plaza City & State Key West FL Zip 33040 US | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02212008 Chg-P CR2E034 (12/06) | |
| City & State | | City & State | | 4. FEI Number 65-0100778 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent G. TROY REGISTER III 2600 DOUGLAS RD. STE 604 CORAL GABLES, FL 33134 | | | 7. Name and Address of New Registered Agent Name Oropeza & Parks CPAs Street Address (P.O. Box Number is Not Acceptable) 815 Peacock Plaza City Key West FL Zip Code 33040 | | |
| 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: <i>James H. Parks Jr CPA Partner</i> DATE: <i>2/21/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST FANE SMITH 2600 DOUGLAS RD/#604 CORAL GABLES, FL 33134 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 815 Peacock Plaza Key West FL 33040 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP TINLIN, GERRY 2600 DOUGLAS ROAD #604 CORAL GABLES, FL 33134 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 815 Peacock Plaza Key West FL 33040 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>James H. Parks Jr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 02.22.08 <small>Date Daytime Phone #</small> | | |