

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # M89236

Entity Name
T. HODGEWAYS, INC.



Principal Place of Business
**100 E. COCOA BEACH CAUSEWAY
COCOA BEACH, FL 32931**

Mailing Address
**100 E. COCOA BEACH CAUSEWAY
COCOA BEACH, FL 32931**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2906606

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MATTHEW T. BURKE CPA
103 NORTH ORLANDO AVENUE
SUITE 106
COCOA BEACH, FL 32931**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

OFFICERS AND DIRECTORS

NAME	PSV HODGE, PAUL ANTHONY
HOME ADDRESS	100 E. COCOA BEACH CSWY.
ST-ZIP	COCOA BEACH, FL
NAME	TD CHAMBERS, TERRIE
HOME ADDRESS	100 E. COCOA BEACH CAUSEWAY
ST-ZIP	COCOA BEACH, FL 32931
NAME	
HOME ADDRESS	
ST-ZIP	
NAME	
HOME ADDRESS	
ST-ZIP	
NAME	
HOME ADDRESS	
ST-ZIP	

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01/30/06-80046-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-06 321 784-3870

Date

Daytime Phone #