

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90104 006 \*\*\*150.00

<b>DOCUMENT # P00000017916</b> 1. Entity Name <b>HOBE SOUND GARDENS, INC.</b>					
Principal Place of Business <b>14500 PRATT WHITNEY RD STUART, FL 34997</b>			Mailing Address <b>14500 PRATT WHITNEY RD STUART, FL 34997</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>65-0985104</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MAYR</b> <b>NAYR, DAVID</b> <b>6849 W. CALUMET CR.</b> <b>LANTANA, FL 33462</b> <b>Lake Worth, FL 33467</b>			Name <b>DAVID MAYR</b> Street Address (P.O. Box Number is Not Acceptable) <b>6849 W. Calumet Cir</b> <b>Lake Worth, FL 33467</b> City <b>FL</b> Zip Code		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>2/18/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS</b> <b>LEE, SHANE</b> <b>1913 STRATFORD WAY</b> <b>WEST PALM BEACH, FL 33409</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP S</b> <b>Edward Mayr</b> <b>6849 W. Calumet Circle</b> <b>Lake Worth, FL 33467</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>MAYR, DAVID</b> <b>6849 W. CALUMET CR.</b> <b>LAKE WORTH, FL 33467</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/18/06</b> Daytime Phone # <b>561-722-0936</b>		