## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 16, 2005 8:00 am Secretary of State DOCUMENT # P01000002181 1. Entity Name 02-16-2005 90053 002 \*\*\*150.00 HOBO RACING INCORPORATED Principal Place of Business Mailing Address 11012 FANDOR STREET FORT WORTH TX 76108-4509 11012 FANDOR STREET 20010120 FORT WORTH TX 76108-4509 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-3695806 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALKER, JAMES H Street Address (P.O. Box Number is Not Acceptable) 15600-CW-159RD-AVE 12285 SW 151st Street MIAMI-FL-33187-5471 Apt #201 Miami, FL 33186 Zip Code City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition TITLE Delete TITLE Change WALKER, MARVELYN M NAME NAME 11012 FANDOR STREET STREET ADDRESS STREET ADDRESS FORT WORTH TX 76108-4509 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE WALKER, JAMES H NAME NAME 12285 SW 151st Street STREET ADDRESS STREET ADDRESS 1<del>5690 CW 153 AV</del>E Miami, FL 33187-5471 Apt #201, Miami, FL 33186 CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Detete ☐ Addition TUTE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition THILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. m. Walker

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Marvelyn MARVELYN M INTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Feb 2005

<u>817-367-7687</u>

**FILED**