

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000080396**

1. Entity Name  
**HOOT-DID-IT, INC.**



Principal Place of Business  
**105 INTERCHANGE BLVD  
ORMOND BEACH, FL 32174**

Mailing Address  
**46 CAMBRIDGE TRACE  
ORMOND BEACH, FL 32174**

**DO NOT WRITE IN THIS SPACE**



03032004 No Chg-P CR2E034 (10/03)

4. FCI Number  
**59-3737842**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATE CREATIONS NETWORK INC.  
941 FOURTH STREET #200  
MIAMI BEACH, FL 33139**

**DO NOT WRITE  
IN THIS SPACE**

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 LLC representative.

(NOTE: Registered Agent's signature is required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000104228

04/05/04-80089-009 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HOOTON, KATHLEEN E 46 CAMBRIDGE TRACE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D HOOTON, JESS JAMES JR 46 CAMBRIDGE TRACE ORMOND BEACH, FL 32174
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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, within all other like empowered.

**SIGNATURE:**

*Jess J. Hooton* **JESS J. HOOTON**

**4/2/04 382 405 7641**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

USE

Daytime Phone #