

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90058 014 \*\*\*150.00

**DOCUMENT # P01000116003**

1. Entity Name  
**G & R HOFFMAN ENTERPRISE, INC.**



Principal Place of Business  
~~3725 S HWY US 1~~ **161 Hibiscus Rd.**  
EDGEWATER, FL 32141

Mailing Address  
**161 HIBISCUS ROAD**  
EDGEWATER, FL 32141



03172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**37-1422912**

Applied For  
Not Applicable

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

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

**HOFFMAN, GREGORY N**  
**161 HIBISCUS ROAD**  
**EDGEWATER, FL 32141**

**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 *Gregory N. Hoffman* **GREGORY N. HOFFMAN** 3-17-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOFFMAN, GREGORY N 161 HIBISCUS ROAD EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD HOFFMAN, ROSE M 161 HIBISCUS ROAD EDGEWATER, FL 32141
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**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, with all other like empowered.

SIGNATURE: *Rose Hoffman* **V.P., S., Treas.** 3-17-05 386-409-8220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*Rose Hoffman*