

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90032 037 \*\*\*150.00

**DOCUMENT # P02000014848**

1. Entity Name

HOFFMANASSET MANAGEMENT, INC.



Principal Place of Business

4851 TAMiami TRAIL N., STE. 300  
NAPLES, FL 34103

Mailing Address

4851 TAMiami TRAIL N., STE. 300  
NAPLES, FL 34103

**40015614**



01262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

80-0033339

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, HARVEY B  
4851 TAMiami TRAIL N., STE. 300  
NAPLES, FL 34103

**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 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 PD  
NAME HOFFMAN, HARVEY  
STREET ADDRESS 216 EDMERE WAY SOUTH  
CITY - ST - ZIP NAPLES, FL 34105

TITLE STD  
NAME HOFFMAN, SHARON B  
STREET ADDRESS 216 EDMERE WAY SOUTH  
CITY - ST - ZIP NAPLES, FL 34105

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05 (235) 430-82W

Date

Daytime Phone #