


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90090 008 \*\*\*150.00

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # P02000083721</b><br>1. Entity Name<br><b>HOFFMANN &amp; HOFFMANN, INC.</b>  |   |    |   |
| Principal Place of Business<br>2248 JADESTONE DR<br>JACKSONVILLE, FL 32246  |   | Mailing Address<br>2248 JADESTONE DR<br>JACKSONVILLE, FL 32246  |   |
| 2. Principal Place of Business<br><b>13810 SUTTON PK DR N</b><br>Suite, Apt. #, etc.<br><b># 528</b><br>City & State<br><b>JACKSONVILLE FL</b><br>Zip<br><b>32224</b> Country<br><b>USA</b>   |   | 3. Mailing Address<br><b>13810 SUTTON PK DR N</b><br>Suite, Apt. #, etc.<br><b># 528</b><br>City & State<br><b>JACKSONVILLE FL 32224</b><br>Zip<br><b>32224</b> Country<br><b>USA</b>   |   |
| 4. FEI Number<br><b>55-0789890</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   | 02152005 Chg-P CR2E034 (10/03)  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>HOFFMANN, LYNN A</b><br><b>13810 SUTTON PARK DR N</b><br><b>JACKSONVILLE, FL 32224</b>  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |
| 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.<br><br>SIGNATURE <u><i>Lynn Hoffmann</i></u> <b>LYNN HOFFMANN</b> <span style="float: right;"><b>4-12-05</b></span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>HOFFMANN, LYNN A<br>2248 JADESTONE DR<br>JACKSONVILLE, FL 32246<br>ADDRESS AS ABOVE | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VST<br>HOFFMANN, MICHAEL<br>2248 JADESTONE DR<br>JACKSONVILLE, FL 32246                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Delete<br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 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: <u><i>Lynn Hoffmann</i></u> <b>LYNN HOFFMANN</b>   |   | Date <b>4-12-05</b> Daytime Phone # <b>904 923 9525</b>   |   |