FILED
Jul 10, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000126131

1. Entity Name
G.C. HOBBS MASONRY, INC.

Principal Place of Business	Mailing Address
23000 SKY VIEW CIRCLE BROOKSVILLE, FL 34602	23000 SKY VIEW CIRCLE BROOKSVILLE, FL 34602

DO NOT WRITE IN THIS SPACE

07032006 No Cng-P CR2E034 (11/05)

4. FEI Number: 65-1165569 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HOBBS, GREGORY C
23000 SKY VIEW CIRCLE
BROOKSVILLE, FL 34602

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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 ______________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOBBS, GREGORY C
STREET ADDRESS	23000 SKY VIEW CIRCLE
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	D
NAME	HOBBS, LUCILLE E
STREET ADDRESS	23000 SKY VIEW CIRCLE
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	D
NAME	HOBBS, CLINTON
STREET ADDRESS	23000 SKY VIEW CIRCLE
CITY-ST-ZIP	BROOKSVILLE, FL 34602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Lucille Hobbs* Lucille Hobbs 7-6-06 352-796-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #