


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000126131</b>					
1. Entity Name G.C. HOBBS MASONRY, INC.					
Principal Place of Business 23000 SKY VIEW CIRCLE BROOKSVILLE FL 34602			Mailing Address 23000 SKY VIEW CIRCLE BROOKSVILLE FL 34602		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1165569 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOBBS, GREGORY C 23000 SKY VIEW CIRCLE BROOKSVILLE FL 34602			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when refiled) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOBBS, GREGORY C		NAME		
STREET ADDRESS	23000 SKY VIEW CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	BROOKSVILLE FL 34602		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOBBS, LUCILLE E		NAME		
STREET ADDRESS	23000 SKY VIEW CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	BROOKSVILLE FL 34602		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOBBS, CLINTON		NAME		
STREET ADDRESS	23000 SKY VIEW CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	BROOKSVILLE FL 34602		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

HOBBS, GREGORY C  
23000 SKY VIEW CIRCLE  
BROOKSVILLE FL 34602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 refiled)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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02/07/07-80033-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Gregory C Hobbs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-07

Date

352-796-2600  
Daytime Phone #