

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 30, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000042019 1. Entity Name HOFFENKAMP ENTERPRISES, INC.	
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Principal Place of Business 18911 HOLDEN DR. SPRING HILL, FL 34610	Mailing Address 18911 HOLDEN DR. SPRING HILL, FL 34610
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DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 86-1059599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOFFENKAMP, SHAUN K
18911 HOLDEN DR.
SPRING HILL, FL 34610**

**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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	HOFFENKAMP, SHAUN K 18911 HOLDEN DR. SPRING HILL, FL 34610
TITLE VP	HOFFENKAMP, RICHARD R 18911 HOLDEN DR. SPRING HILL, FL 34610
TITLE 	
TITLE 	
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TITLE 	

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IN THIS SPACE**

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05/02/05-80025-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Shaun K. Hoffenkamp **Shaun K. Hoffenkamp** 4-28-05 727-856-2769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #