

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000099938

Entity Name: J & K HOFF ENTERPRISES, INC.

FILED  
Feb 02, 2005  
Secretary of State

**Current Principal Place of Business:**

2040 WELLS RD  
APT 5-D  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

2039 HOLLY OAKS RIVER DRIVE  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

2040 WELLS RD  
APT 5-D  
ORANGE PARK, FL 32073

**New Mailing Address:**

2039 HOLLY OAKS RIVER DRIVE  
JACKSONVILLE, FL 32225

FEI Number: 20-0242039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INTREPID REGISTERED AGENT SERVICES, LLC  
225 WATER ST  
SUITE 2020  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

HOFF, KAREN D OWNER  
2039 HOLLY OAKS RIVER DRIVE  
JACKSONVILLE, FL 32225 US

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.

SIGNATURE: KAREN HOFF

02/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MRS. ( ) Delete  
Name: HOFF, KAREN D OWNER  
Address: 2040 WELLS ROAD, 5D  
City-St-Zip: ORANGE PARK, FL 32073 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MRS. (X) Change ( ) Addition  
Name: HOFF, KAREN D OWNER  
Address: 2039 HOLLY OAKS RIVER DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN HOFF

OWNE

02/02/2005

Electronic Signature of Signing Officer or Director

Date