## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 19, 2006 8:00 am **Secretary of State DOCUMENT # P03000123446** 01-19-2006 90075 035 \*\*\*150.00 HAKE AND HOOVER MASONARY INC. Principal Place of Business Mailing Address 308 4TH WAHNETA STREET EAST PO BOX 1655 WINTER HAVEN, FL 33880-5911 US EAGLE LAKE, FL 33839-1655 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 02-0711404 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAKE, CATHERINE C 308 4TH WAHNETA STREET EAST Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN, FL 33880 City 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 regulared when reinstating) DATE FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. $\Box$ Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MLE PRES TITLE ☐ Delete ■ Addition Change NAME HOOVER, JAMES P. NAME **572 HEATHER CT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 CITY-ST-ZIP PRES PRES TRUE ☐ Delete TITLE S☑ Change ☐ Addition JOHN, HAKE HAKE, JOHN NAME NAME 308 4TH WAHNETH STREET EAST STREET ADDRESS 308 4TH WAHNETA STREET EAST STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 338805911 CITY-SY-ZIP WINTER HAVEN FL 338805911 SEC TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HAKE, CATHERINE C STREET ADDRESS 308 4TH WAHNETA STREET EAST STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 338805911 CITY-ST-7IP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

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CITY-ST-ZIP

SIGNATURE:	Calherine C. Hake	01/13/2006	863-325-9985
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Oute	Daytime Phone #