SIGNATURE:

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2005 08:00 AM Secretary of State

DOCUI 1. Entity Nam HØBECK	, INC.	-			Secr	etary of S	tate
Principal Place 1114 W BERI DELAND, FL	ESFORD AVE	ailing Address 114 W BERESFORD AVE DELAND, FL 32720	·- ·				
	O NOT WRITE II	CE.	01052005	No Chg-P	CR2E034 (10/03		
ט	O NOI WHILE II	CE	4. FEI Numb 47-093			Applied For Not Applicable	
				5. Certificate	of Status Desired	□ \$8.75 A Fee Requ	dditional red
HINSON F	6. Name and Address of Current Regis		DO	NOT W	/ PT   TTP   PT		
1114 W BE	ERESFORD AVE	DO NOT WRITE IN THIS SPACE					
				114	I MIO OF	ACE	
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 reinstating)  DATE  DESCRIPTION OF THE PROPERTY O							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			Add	.00 May Be ied to Fees	!		
10.	OFFICERS AND DIRE	CTORS					
NAME STREET ADDRESS CITY-ST-ZIP	HINSON, REBECCA J 1306 W BERESFORD AVE. DELAND, FL 32720						
TITLE NAME		7	1				
STREET ADDRESS CITY-ST-ZIP					#0000 01/10/05	0175210 -80043-002 :	50.00
TITLE NAME							
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE		<u> </u>	1		THIS SE		,
STREET ADDRESS CITY-ST-ZIP			l				
TITLE			1				
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE			1				
STREET ADDRESS							
12. I hereby o	certify that the Information supplied with this f	iling does not qualify for the exe	emption stated in Se	ection 119,07(3)	(i), Florida Statutes.	I further certify that the	information er or director
12. I hereby certify that the Information supplied with this filing does not qualify 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 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 entrustee 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.							