

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P04000012247

1. Entity Name

HOYMAN, DOBSON & FORNESS, P.A.



Principal Place of Business

350 S PINE ST
ORLANDO, FL 32801

Mailing Address

215 BAYTREE DR.
MELBOURNE, FL 32940



04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0487056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOYMAN, CHARLES W JR
215 BAYTREE DRIVE
MELBOURNE, FL 32940

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000711106
04/25/07-00070-001 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME HOYMAN, CHARLES W JR
STREET ADDRESS 215 BAYTREE DRIVE
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE D
NAME OSWALT, BARBARA J
STREET ADDRESS 215 BAYTREE DRIVE
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE D
NAME KIRK, THOMAS L
STREET ADDRESS 215 BAYTREE DRIVE
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE D
NAME KIRKLAND, KAREN E
STREET ADDRESS 215 BAYTREE DRIVE
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE D
NAME BRADLEY, DEBORAH A
STREET ADDRESS 215 BAYTREE DRIVE
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE D
NAME FORNESS, A WILLIAM JR
STREET ADDRESS 215 BAYTREE DRIVE
CITY-ST-ZIP MELBOURNE, FL 32940

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IN THIS SPACE**

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.

SIGNATURE: *Charles W. Hoyman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2007 324-255-0088
Date Daytime Phone #