2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000045309

Entity Name: JAMES HODGE INC

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

401 W 10TH ST SANFORD, FL 32771

Current Mailing Address: New Mailing Address:

FEI Number: 20-0919261 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HODGE, JAMES E
410 W 10TH ST
SANFORD, FL 32771 US
ALL FLORIDA FIRM, INC
813 DELTONA BLVD STE A
BOX 1347299
DELTONA, FL 32725 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: CHRISTINA CLARK FOR ALL FLORIDA FIRM, INC 01/15/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P D () Delete
 Title:
 P (X) Change () Addition

 Name:
 HODGE, JAMES E
 Name:
 HODGE, JAMES E

 Address:
 401 W 10TH ST
 Address:
 401 W 10TH ST

 Address:
 401 W 10TH ST
 Address:
 401 W 10TH ST

 City-St-Zip:
 SANFORD, FL 32771 US
 City-St-Zip:
 SANFORD, FL 32771 US

Title: PD () Delete Title: T (X) Change () Addition Name: HODGE, JAMES E Name: HODGE, MARY L

Address: 401 W 10TH ST Address: 401 W 10TH ST

City-St-Zip: SANFORD, FL 32771 US City-St-Zip: SANFORD, FL 32771 US

Title: D (X) Delete Title: () Change () Addition

 Name:
 HODGE, JAMES E
 Name:

 Address:
 401 W 10TH ST
 Address:

 City-St-Zip:
 SANFORD, FL 32771 US
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 HODGE, MARY L
 Name:

 Address:
 401 W 10TH ST
 Address:

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHRISTINA CLARK FOR JAMES HODGE P 01/15/2009