2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State
06-24-2005 90004 006 ***150.00
07-07-2005 90007 001 ***400.00

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08162005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000084059

1. Entity Name
HOBBY INN, INC.

Principal Place of Business	Mailing Address
49 SE TAHO TERRACE STUART, FL 34997	49 SE TAHO TERRACE STUART, FL 34997

2. Principal Place of Business	3. Mailing Address
4326 SE FEDERAL Hwy	4326 SE FEDERAL Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STUART FL	City & State: STUART FL
Zip: 34997 Country: USA	Zip: 34997 Country: USA

4. FEI Number 75-3156844 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEHLE, WILLIAM O
49 SE TAHO TERRACE
STUART, FL 34997

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JEHLE, WILLIAM O 49 SE TAHO TERRACE STUART, FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEHLE, DIANE 49 SE TAHO TERRACE STUART, FL 34997	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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: WILLIAM O. JEHLE, PRES 6/22/05 772-419-3040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #