

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90081 006 ***158.75

DOCUMENT # P04000097653 1. Entity Name HOBBS VENTURES, INC.																											
Principal Place of Business 3134 ZAHARIAS DRIVE ORLANDO, FL 32837		Mailing Address 3134 ZAHARIAS DRIVE ORLANDO, FL 32837																									
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 3956 Town Center Blvd #318 Suite, Apt. #, etc. City & State Orlando, FL Zip 32837																									
Country USA.		4. FEI Number 20-1290558																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable																									
6. Name and Address of Current Registered Agent HOBBS, LAURIE 3134 ZAHARIAS DRIVE ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name LAURIE HOBBS Street Address (P.O. Box Number is Not Acceptable) 3956 Town Center Blvd #318 City Orlando FL Zip Code 32837																									
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 <i>Laurie Hobbs</i> LAURIE HOBBS, President 4/13/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DPT HOBBS, LAURIE 3134 ZAHARIAS DRIVE ORLANDO, FL 32837 <input type="checkbox"/> Delete </td> </tr> <tr> <td> DVS HOBBS, ADRIAN 3134 ZAHARIAS DRIVE ORLANDO, FL 32837 <input type="checkbox"/> Delete </td> <td></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HOBBS, LAURIE 3134 ZAHARIAS DRIVE ORLANDO, FL 32837 <input type="checkbox"/> Delete	DVS HOBBS, ADRIAN 3134 ZAHARIAS DRIVE ORLANDO, FL 32837 <input type="checkbox"/> Delete										11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
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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: <i>Laurie Hobbs</i> LAURIE HOBBS President 4/13/05 407-256-3404 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											