

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000100759

1. Entity Name  
HOOEYES, INC.



Principal Place of Business  
150-A SOUTH PALMETTO AVENUE  
DAYTONA BEACH, FL 32114

Mailing Address  
150-A SOUTH PALMETTO AVENUE  
DAYTONA BEACH, FL 32114



02182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1684054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HARRIS, CHRISTY F  
150-A SOUTH PALMETTO AVENUE  
DAYTONA BEACH, FL 32114

**DO NOT WRITE  
IN THIS SPACE**

B. 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000879543  
04/15/08-80024-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DVPS
NAME	HARRIS, CHRISTY F
STREET ADDRESS	150-A SOUTH PALMETTO AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32114

TITLE	DPT
NAME	SCHAMMEL, CHARLES
STREET ADDRESS	680 FERNCLIFF DRIVE
CITY-ST-ZIP	PORT ORANGE, FL 32127

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-18-08

(386) 252-1561

Date

Daytime Phone #