

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90088 007 \*\*\*150.00

**DOCUMENT # P04000146836**

1. Entity Name

HOAK MANAGEMENT & CONSULTING SERVICES, INC.



Principal Place of Business

4327 SOUTH PENINSULA DRIVE  
PONCE INLET FL 32127

Mailing Address

4327 SOUTH PENINSULA DRIVE  
PONCE INLET FL 32127



2. Principal Place of Business

5601 Turtle Bay Dr.

Suite, Apt. #, etc.  
# 100

City & State  
Naples, FL

Zip  
34108

Country  
USA

3. Mailing Address

5601 Turtle Bay Dr.

Suite, Apt. #, etc.  
# 100

City & State  
Naples, FL

Zip  
34108

Country  
USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

55-0887857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOAK, WILLIAM P  
4327 S PENINSULA DRIVE  
PONCE INLET FL 32127

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5601 Turtle Bay Dr. #100

~~Naples, FL 34108~~

City

Naples

FL

Zip Code

34108

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

4-8-06

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete  
NAME HOAK, WILLIAM P  
STREET ADDRESS 4327 S PENINSULA DRIVE  
CITY-ST-ZIP PONCE INLET FL 32127

TITLE P ☐ Delete  
NAME HOAK, LAURA F  
STREET ADDRESS 4327 S PENINSULA DRIVE  
CITY-ST-ZIP PONCE INLET FL 32127

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 5601 Turtle Bay Dr. #100  
STREET ADDRESS Naples, FL 34108  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 5601 Turtle Bay Dr. #100  
STREET ADDRESS Naples, FL 34108  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Laura F. Hoak*

Laura F. HOAK

4/8/06

239-254-9160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #