

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000158856

FILED  
Apr 16, 2007  
Secretary of State

Entity Name: TOM HOHNE CONSTRUCTION, INC.

## Current Principal Place of Business:

P.O. BOX 847  
JUPITER, FL 33468

## New Principal Place of Business:

348 BEACON STREET  
TEQUESTA, FL 33469 US

## Current Mailing Address:

P.O. BOX 847  
JUPITER, FL 33468

## New Mailing Address:

P.O. BOX 847  
JUPITER, FL 33468 US

FEI Number: 65-0538235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HOHNE, THOMAS A  
8330 SE PINE CIRCLE  
HOBE SOUND,, FL 33455 US

## Name and Address of New Registered Agent:

HOHNE, THOMAS A  
348 BEACON STREET  
TEQUESTA, FL 33469 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:

04/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HOHNE, THOMAS A  
Address: 8330 SE PINE CIRCLE  
City-St-Zip: HOBE SOUND, FL 33455

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HOHNE, THOMAS A  
Address: 3488 BEACON STREET  
City-St-Zip: TEQUESTA, FL 33469

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS A HOHNE

PRES

04/16/2007

Electronic Signature of Signing Officer or Director

Date