

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

04-13-2006 90289 002 ***158.75

DOCUMENT # P05000028101

1. Entity Name

PERRY HOFF CONSTRUCTION, INC.



Principal Place of Business
32641 WASHINGTON LOOP RD.
PUNTA GORDA FL 33950

Mailing Address
32641 WASHINGTON LOOP RD.
PUNTA GORDA FL 33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2368355

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

OAKS, DAVID K
407 E. MARION AVE., SUITE 101
PUNTA GORDA FL 33950

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HOFF, ALBERT P	
STREET ADDRESS	32641 WASHINGTON LOOP RD.	
CITY - ST - ZIP	PUNTA GORDA FL 33950	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOFF, PERRY M	
STREET ADDRESS	32641 WASHINGTON LOOP RD.	
CITY - ST - ZIP	PUNTA GORDA FL 33950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFF PERRY M.	
STREET ADDRESS	32641 WASHINGTON LOOP RD.	
CITY - ST - ZIP	PUNTA GORDA, FL 33952	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOAN L. HOFF	
STREET ADDRESS	32641 WASHINGTON LOOP	
CITY - ST - ZIP	PUNTA GORDA, FL 33952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PERRY M. HOFF 4-5-06 (941) 628-3644

Date

Daytime Phone