

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 22, 2007 08:00 AM
Secretary of State

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



08152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2368355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOFF, PERRY M
STREET ADDRESS 32641 WASHINGTON LOOP RD.
CITY-ST-ZIP PUNTA GORDA, FL 33982

TITLE ST
NAME HOFF, PERRY M
STREET ADDRESS 32641 WASHINGTON LOOP RD.
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE ST
NAME HOFF, JOAN L
STREET ADDRESS 32641 WASHINGTON LOOP
CITY-ST-ZIP PUNTA GORDA, FL 33982

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000772505
08/22/07-80002-013 550.00

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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

08/17/07

Date

Daytime Phone #