

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000063088

1. Entity Name
HOBSON'S HERBS & MORE, INC.



Principal Place of Business
31 S JACKSON ST
BEVERLY HILLS, FL 34465

Mailing Address
31 S JACKSON ST
BEVERLY HILLS, FL 34465

FILED
Apr 26, 2006 08:00 AM
Secretary of State



04222006 No Chg-P CR2E034 (11/05)

4. FEI Number 36-4574856	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOBSON, RANDALL
31 S JACKSON ST
BEVERLY HILLS, FL 34465

**DO NOT WRITE
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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVD
NAME HOBSON, JUDE
STREET ADDRESS 31 S JACKSON ST
CITY-ST-ZIP BEVERLY HILLS, FL 34465

TITLE T
NAME HOBSON, RANDALL
STREET ADDRESS 31 S. JACKSON ST
CITY-ST-ZIP BEVERLY HILLS, FL 34465

TITLE S
NAME PALMER-HOBSON, VERONICA H
STREET ADDRESS 6098 N. SPECKLED PERCH TER
CITY-ST-ZIP HERNANDO, FL 34441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 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: *Jude Hobson* 04-23-06 352-613-0542

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

U00000534947
05/08/06-80033-008 158.75

**DO NOT WRITE
IN THIS SPACE**