


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000064652		
1. Entity Name HODGES MANAGEMENT, INC.		
Principal Place of Business 2350 MOUNTAIN ASH WAY NEW PORT RICHEY, FL 34655	Mailing Address 2350 MOUNTAIN ASH WAY NEW PORT RICHEY, FL 34655	



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1928706	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HODGES, THOMAS E 2350 MOUNTAIN ASH WAY NEW PORT RICHEY, FL 34655	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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HODGES, THOMAS E 2350 MOUNTAIN ASH WAY NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HODGES, CHRIS T 2537 STANHOPE DRIVE NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HODGES, LISA R 2350 MOUNTAIN ASH WAY NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000614763
02/06/07-80044-009 150.00

DO NOT WRITE 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: Thomas E. Hodges 1/31/07 727-9382075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #