2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2006 8:00 am
Secretary of State
05-01-2006 90430 007 ***150.00

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1. Entity Name
HOBE SOUND ADVISORS CORP.

Principal Place of Business
9740 SE GOMEZ AVE.
HOBE SOUND, FL 33455

Mailing Address
9740 SE GOMEZ AVE.
HOBE SOUND, FL 33455

04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
9740 S.E. Gomez		9740 S.E. Gomez	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Hobe Sound, FL.		City & State: Hobe Sound, FL	
Zip: 33455	Country: USA	Zip: 33455	Country: USA

4. FEI Number: 20-2865747 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POSNER, MICHAEL J.
4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407

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 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Thomas P. Fox 9740 S.E. Gomez Hobe Sound, FL. 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 P. Fox 4-22-06 772-546-2627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #