

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90271 036 \*\*\*158.75

**DOCUMENT # P05000128389**

1. Entity Name  
**HOEHN ENTERPRISES, INC.**



Principal Place of Business  
**19844 60TH ST., NORTH  
LOXAHATCHEE, FL 33470**

Mailing Address  
**19844 60TH ST., NORTH  
LOXAHATCHEE, FL 33470**

2. Principal Place of Business  
**19844 50th St. North**

3. Mailing Address  
**P.O. Box 647**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302006

Chg-P

CR2E034 (11/05)

City & State  
**Loxahatchee, Fl**

City & State  
**Loxahatchee, Fl**

4. FEI Number  
**20-3494570**

Applied For  
Not Applicable

Zip  
**33470**

Country  
**USA**

Zip  
**33470**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**HOEHN, TINA  
19844 50TH ST., NORTH  
LOXAHATCHEE, FL 33470**

**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

*Tina L. Hoehn / Tina L. Hoehn - Sec/Treasurer*

*3/31/06*

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOEHN, PATRICK E.</b> <b>19844 50TH ST., NORTH</b> <b>LOXAHATCHEE, FL 33470</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HOEHN, PATRICK C.</b> <b>19844 50TH ST., NORTH</b> <b>LOXAHATCHEE, FL 33470</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HOEHN, TINA</b> <b>19844 50TH ST., NORTH</b> <b>LOXAHATCHEE, FL 33470</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Tina L. Hoehn / Tina L. Hoehn / Sec. Treasurer*

*3/31/06*

*561-662-7451*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #