

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000128389

Entity Name: HOEHN ENTERPRISES, INC.

FILED
Jul 25, 2007
Secretary of State

Current Principal Place of Business:

19844 50TH ST NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

PO BOX 647
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 20-3494570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOEHN, PATRICK E.
Address: 19844 50TH ST., NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V () Delete
Name: HOEHN, PATRICK C.
Address: 19844 50TH ST., NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: SD () Delete
Name: HOEHN, TINA
Address: 19844 50TH ST., NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: HOEHN, ZACHARY T.
Address: 19844 50TH ST., NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA HOEHN

SD

07/25/2007

Electronic Signature of Signing Officer or Director

Date