2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 8:00 am Secretary of State

Principal Place of Business - No FO. Box # 1628 BOATHOUSE CIRCLE, #G-111 SARSOTIA, FL 34231	DOCUMENT # P05000140742 1. Entity Name DE HOFF ASSOCIATES, INC.				3. I		ry O1 Sta 0086 015 ***150.0		
Suite, Apt. #, etc. City & State Country Country Country S. Certificate of Status Desired \$ 1.5 Applied For 22-2.045.391 S. Certificate of Status Desired \$ 1.5 Applied For 22-2.045.391 S. Certificate of Status Desired \$ 1.5 Applied For 22-2.045.391 S. Certificate of Status Desired \$ 1.5 Applied For 22-2.045.391 S. Certificate of Status Desired \$ 1.5 Applied For 22-2.045.391 S. Certificate of Status Desired \$ 1.5 Applied For 22-2.045.391 S. Certificate of Status Desired \$ 1.5 Applied For 22-2.045.391 Sines DE HOFF, RONALD L SIRES Applied For 22-2.045.391 Sines Applied For 22-2.045.391 Sine	1628 BOATHOUSE CIRCLE, #G-111 1628 BOATHOUSE CIRCLE				, , , , , , , , , , , , , , , , , , , ,				
City & State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Z2-2045391 Not Applicable S8.75 Additional Fee Required	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172007	Chg-P	CR2E034 (12/06)		
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DE HOFF, RONALD L 1628 BOATHOUSE CIRCLE, #G-111 Street Address (P.O. Box Number is Not Acceptable) City	Zip	Country	Zip	Country	5. Certificate	of Status Desired			
DE HOFF, RONALD L 1628 BOATHOUSE CIRCLE, #G-111 SARASOTA, FL 34231 8. The above named entity submits his 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, types or prened rate of registered sport and title 1 sophistable. INOTE. Registered Agent syntheme required when rendanting) DIE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. INTE DE HOFF, RONALD L 1628 BOATHOUSE CIRCLE, #G-111 SARASOTA, FL 34231 OTY-51-2P INTE DE HOFF, BARBARA P 1628 BOATHOUSE CIRCLE, #G-1111 STREET ADDRESS OTY-51-2P INTE Delete INTE NAME STREET ADDRESS OTY-51-2P INTE Delete INTE Delete INTE Delete INTE NAME STREET ADDRESS OTY-51-2P INTE Delete INTE Delete INTE Delete INTE Delete INTE NAME STREET ADDRESS OTY-51-2P INTE Delete INTE Delete INTE Delete INTE STREET ADDRESS OTY-51-2P INTE Delete INTE Delete INTE Delete INTE STREET ADDRESS OTY-51-2P INTE STREET ADDRESS OT		6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New	Registered Agent		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, types or printed name of registered agent and the Flapphcable. (NOTE: Purposered Agent stynature required when restaulating) After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DE HOFF, RONALD L SIRET ADDRESS OTH ST-ZIP SARASOTA, FL 34231 TITLE DE HOFF, BARBARA P SIRET ADDRESS 1628 BOATHOUSE CIRCLE, #G-111 SARASOTA, FL 34231 TITLE Delete TITLE NAME DE HOFF, BARBARA P SIRET ADDRESS 1628 BOATHOUSE CIRCLE, #G-111 SARASOTA, FL 34231 TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME SIRET ADDRESS CITY-ST-ZIP Delete TITLE SIRET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CITY-ST-ZIP Delete SIRET ADDRESS CITY-ST-ZIP DELETON S	DE HOEE	DONALD I		Name					
City FL Zip Code 8. The above named entity submits his 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 Signa	1628 BOATHOUSE CIRCLE, #G-111			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
B. 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, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remarkable) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DE HOFF, RONALD L SIRET ADDRESS CITY-ST-ZP SARASOTA, FL 34231 TITLE DE HOFF, BARBARA P SIRET ADDRESS CITY-ST-ZP TITLE DEHOFF, BARBARA P SIRET ADDRESS CITY-ST-ZP TITLE Delete TITLE Delete TITLE Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE Delete TITLE Delete TITLE Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE Delete TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE Delete TITLE DELET DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DEL									
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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: Pro valid F. Walfall RONALD L. DE HOFF JAN. 27, 2016 941-966-1814
SIGNATURE AND TYPED OR PRINTED HAMBEOF SIGNING OFFICER OR DIRECTOR
Date

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