## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Jan 09, 2008 8:00 am **Secretary of State** DOCUMENT # P06000039620 1. Entity Name 01-09-2008 90010 009 \*\*\*158.75 JON HOOBLER INC Principal Place of Business Mailing Address 6002 NW 116 PLACE 14611 NW 118 AVE. ALACHUA, FL 32615 ALACHUA, FL 32615 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. CR2E034 (12/06) 01042008 Chq-P Applied For City & State City & State 4. FEI Number 20-4519975 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOOBLER, JONATHAN M Street Address (P.O. Box Number is Not Acceptable) 6002 NW 116 PLACE ALACHUA, FL 32615 City 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 SIGNATURE r printed name of registered agent and fille if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PVST ☐ Change ☐ Addition TITLE Delete TITLE HOOBLER, JONATHAN M NAME NAME STREET ADORESS 6002 NW 116TH PLACE STREET ADDRESS CITY-ST-ZIP ALACHUA, FL 32615 CITY - ST - ZiP D ☐ Addition TITLE **X** Delete TITLE ☐ Change NAME WATTS, MICHAEL STREET ADDRESS 2606 NW 23RD BLVD., BLDG 15, APT. 238 STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32641 City-St-ZiP ☐ Addition TITLE ☐ Change Delete TITLE NAME WELCH, JODY N NAME STREET ADDRESS **6002 NW 116TH PLACE** STREET ADDRESS CITY-ST-ZIP ALACHUA, FL 32615 CITY-ST-7IP TITLE ☐ Delete FIFLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE THE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

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