

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000131213

Entity Name: HOB NOB PONIES, INC.

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

15684 OCEAN BREEZE LANE  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

15684 OCEAN BREEZE LANE  
WELLINGTON, FL 33414 US

**New Mailing Address:**

FEI Number: 26-1776826

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MELISSA M BURNS  
15684 OCEAN BREEZE LANE  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

MELISSA M BURNS  
15684 OCEAN BREEZE LANE  
WELLINGTON, FL 33414 US

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

04/17/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BURNS, MELISSA M  
Address: 15684 OCEAN BREEZE LANE  
City-St-Zip: WELLINGTON, FL 33414 US

I hereby 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 all other like empowered.

SIGNATURE: MELISSA M. BURNS

D

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date