

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P15127

1. Entity Name
INTERHOBA OF FLORIDA, INC.



Principal Place of Business
**103 NORTH LAKE DR
ORMOND BEACH, FL 32174 US**

Mailing Address
**103 NORTH LAKE DR
ORMOND BEACH, FL 32174 US**

U00000446360
03/08/06-80035-008 150.00



DO NOT WRITE IN THIS SPACE

02152006 No Chg-P CR2E034 (11/05)

4. FEI Number
13-3381632

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GALSHACK, DAVID
103 NORTH LAKE DRIVE
ORMOND BEACH, FL 32174**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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
**PD
GLADKY, BORIS
CH 1275
CHESEREX, SW**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
FLOCH, GAIL
103 N LAKE DR
ORMOND BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPT
GALSHACK, DAVID
103 NORTH LAKE DR
ORMOND BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: **DAVID GALSHACK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/06

Date

386-437-2993 x17

Daytime Phone #