

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 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



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GLADKY, BORIS
STREET ADDRESS CH 1275
CITY-ST-ZIP CHESEREX, SW

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

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

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

1/8/08
Date

386-673-3729
Daytime Phone #