

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000004689 1. Entity Name HODAIR EXCURSIONS, INCORPORATED	
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Principal Place of Business 401 BAY POINT WAY NORTH JACKSONVILLE, FL 32259	Mailing Address 401 BAY POINT WAY NORTH JACKSONVILLE, FL 32259
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**DO NOT WRITE IN THIS SPACE**



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0478331	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GALLAGHER, JANICE 1541 NORTHWEST 114TH AVENUE PEMBROKE LAKES, FL
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HODNETT, S. W 401 BAY POINT WAY NORTH JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOONETT, ESTELLE 401 BAY POINT WAY NORTH JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000539551  
05/09/06-80105-010 150.00

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 lines empowered.

SIGNATURE: <u>Samuel Wayne Hodnett</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____	Daytime Phone # _____
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