# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2004**
**Secretary of State**

DOCUMENT# P94000042928

**Entity Name:** HOFMEISTER & ASSOCIATES REALTY, INC.

**Current Principal Place of Business:**

4130 BENNETT DR SUITE 1
MOUNT DORA, FL 32757

**New Principal Place of Business:**

4130 UNITED AVE., SUITE 1
MOUNT DORA, FL 32757

**Current Mailing Address:**

4130 BENNETT DR SUITE 1
MOUNT DORA, FL 32757 US

**New Mailing Address:**

4130 UNITED AVE., SUITE 1
MOUNT DORA, FL 32757 US

**FEI Number: 59-3248977** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HOFMEISTER, CARLA D
4130 BENNETT DR SUITE 1
MOUNT DORA, FL 32757

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

HOFMEISTER, CARLA D
4130 UNITED AVE., SUITE 1
MOUNT DORA, FL 32757

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: _____ 04/29/2004
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: HOFMEISTER, TOM L
Address: 4130 BENNETT DR SUITE 1
City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete
Name: HOFMEISTER, CARLA D
Address: 4130 BENNETT DR SUITE 1
City-St-Zip: MOUNT DORA, FL 32757

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: HOFMEISTER, TOM L
Address: 4130 UNITED AVE., SUITE 1
City-St-Zip: MOUNT DORA, FL 32757

Title: D (X) Change ( ) Addition
Name: HOFMEISTER, CARLA D
Address: 4130 UNITED AVE. , SUITE 1
City-St-Zip: MOUNT DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CARLA D. HOFMEISTER PRES 04/29/2004
Electronic Signature of Signing Officer or Director — Date