

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90203 003 ***150.00

DOCUMENT # P95000037169

1. Entity Name

HOBBS FINANCIAL SERVICES, INC.



Principal Place of Business

~~5948 MAIN ST~~
NEW PORT RICHEY FL 34652
US

Mailing Address

~~5948 MAIN ST~~ 5609 US Hwy 19
NEW PT RICHEY FL 34652 Unit K
US

2. Principal Place of Business

5609 US Hwy 19
Suite, Apt. #, etc.
Unit K
City & State
New Port Richey

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Zip

Country

34652 USA

4. FEI Number

59-3315570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOBBS, KAROLYN K

~~5948 MAIN ST~~ 5609 US Hwy 19, Unit K
NEW PORT RICHEY FL 34652

* more effective April 16, 2004

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 Karolyn K Hahls

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-26-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete
NAME HOBBS, KAROLYN K
STREET ADDRESS 1939 LIBBY COURT 7608 Sequoia Dr
CITY-ST-ZIP HOLIDAY FL 34690 New Port Richey FL 34652

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME HOBBS, CHARLES H
STREET ADDRESS 1939 LIBBY CT
CITY-ST-ZIP HOLIDAY FL 34690 Same

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Karolyn K Hahls, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-04

Date

Daytime Phone #

7278460482