


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000051051 1. Entity Name HOBE SOUND LAND COMPANY, INC.	
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Principal Place of Business 11844 S.E. DIXIE HIGHWAY SUITE C HOBE SOUND, FL 33455	Mailing Address 11844 S.E. DIXIE HIGHWAY SUITE C HOBE SOUND, FL 33455
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02092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0681590	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent

**FOLEY, CYNTHIA M
11844 SE DIXIE HWY #C
HOBE SOUND, FL 33455**

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

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

(NOTE: Registered Agent signature required when renouncing)

DATE

2/9/06

**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	P REED, NATHANIEL P 11844 SE DIXIE HWY #C HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT REED, ADRIAN W 11844 SE DIXIE HWY #C HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOLEY, CYNTHIA M 11844 SE DIXIE HWY #C HOBE SOUND, FL 33455
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02/25/06-80025-018 150.00

**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:

Nathaniel P Reed
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/06
Date

772-5462666
Daytime Phone