2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment on

SIGNATURE:

Mar 22, 2006 8:00 am **Secretary of State** DOCUMENT # P96000068935 1. Entity Name 03-22-2006 90016 022 ***150.00 HOVEY INVESTMENTS, INC. Principal Place of Business Mailing Address 545-3 DELANEY AVE 545-3 DELANEY AVE STE E-8 ORLANDO FL 32801 STE E-8 ORLANDO FL 32801 US 2. Principal Place of Business 3. Mailing Address Delane Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State 59-3398162 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired () Y « Fee Required <u>Or a n 42</u> 6. Name and Address of Ourrent Registered Agent 7. Name and Address of New Registered Agent Name LEFFLER, TIMOTHY M 545 DELANEY AVE Street Address (P.O. Box Number is Not Acceptable) **BUILDING 3** ORLANDO FL 32801 City Zip Code 8. The above named entity submits this the obligations of registered agent. tement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE (NQTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete THILE NAME LEFFLER, TIMOTHY M NAME STREET ADDRESS STREET ADDRESS 1301 KELSO BLVD. CITY-ST-ZIP WINDEMERE FL 34786 CITY-ST-ZIP ☐ Delete Change Addition TITLE HEANEY, SEAN M NAME STREET ADDRESS 11214 LAKE BUTLER BLVD. STREET ADDRESS CITY ST ZIP CHY-ST-ZIP WINDERMERE FL-34786 Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Detete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED

Date

Daytime Phone #