

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90009 030 \*\*\*150.00

DOCUMENT # P96000068935

1. Entity Name  
 HOVEY INVESTMENTS, INC.



Principal Place of Business Mailing Address  
 545-3 DELANEY AVE 545-3 DELANEY AVE  
 SUITE 3 SUITE 3  
 ORLANDO FL 32801 ORLANDO FL 32801  
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3398162 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

LEFFLER, TIMOTHY M  
 545 DELANEY AVE  
 BUILDING 3  
 ORLANDO FL 32801

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 545 Delaney Avenue  
 Bldg 9  
 City Orlando FL Zip Code 32801

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 *[Signature]* DATE

**FILE NOW!!!- FEE IS \$150.00**  
**After May 1, 2007 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	NAME	STREET ADDRESS	CITY ST ZIP	TITLE	NAME	STREET ADDRESS	CITY ST ZIP
D	LEFFLER, TIMOTHY M	1301 KELSO BLVD.	WINDEMERE FL 34786				
D	HEANEY, SEAN M	11214 LAKE BUTLER BLVD.	WINDERMERE FL 34786				

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 if changed, or on an attachment with an address, with all other like approved.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER AS OFFICER OR DIRECTOR Date Daytime Phone #