

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90026 018 ***150.00

DOCUMENT # P96000068935

1. Entity Name

HOVEY INVESTMENTS, INC.



Principal Place of Business

545-3 DELANEY AVE
SUITE 3
ORLANDO FL 32801
US

Mailing Address

545-3 DELANEY AVE
SUITE 3
ORLANDO FL 32801
US

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

545 DELANEY AVENUE

Suite, Apt. #, etc.

Suite 9

City & State

ORLANDO FLORIDA

Zip

32801

Country

U.S.A.

3. Mailing Address

545 DELANEY AVENUE

Suite, Apt. #, etc.

Suite 9

City & State

ORLANDO FLORIDA

Zip

32801

Country

U.S.A.

1st MOORE

CR2E034 (10/07)

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

LEFFLER, TIMOTHY M
545 DELANEY AVE
BUILDING 9
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and date of filing.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

TITLE D ☐ Delete
NAME LEFFLER, TIMOTHY M
STREET ADDRESS 1301 KELSO BLVD.
CITY-ST-ZIP WINDEMERE FL 34786

TITLE D ☐ Delete
NAME HEANEY, SEAN M
STREET ADDRESS 11214 LAKE BUTLER BLVD.
CITY-ST-ZIP WINDEMERE FL 34786

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 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 an officer or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #