

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 JUL 18 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07122006 Chg-P CR2E034 (11/05)

DOCUMENT # P96000075636

1. Entity Name
HOOE'S, INC.



Principal Place of Business
**2320 N AIA
SUITE 1
INDIALANTIC, FL 32903 US**

Mailing Address
**2320 N AIA
SUITE 1
INDIALANTIC, FL 32903 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
59-3404585

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
O'BRIEN, JAMES M ESQ. 1686 W. HIBISCUS BLVD. MELBOURNE, FL 32901	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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May be Added to Fee** **000077951560**
07/25/06--01037--011 **61.25

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME GROSSMANN, RICHARD W STREET ADDRESS 2320 N A1A CITY-ST-ZIP INDIALANTIC, FL 32903	<input type="checkbox"/> Delete	V NAME Middlestead, Lloyd STREET ADDRESS 2320 N A1A CITY-ST-ZIP Indialantic, FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
V NAME COWELL, GRAHAM STREET ADDRESS 2320 N A1A CITY-ST-ZIP INDIALANTIC, FL 32903	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
PS NAME HLADKY, MARK STREET ADDRESS 2320 N A1A CITY-ST-ZIP INDIALANTIC, FL 32903	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME COOPER, DANIEL STREET ADDRESS 2320 N A1A CITY-ST-ZIP INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard W. Grossmann* **7/12/06** **777-0214**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #