

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000059386

1. Entity Name

THE HOFFMAN AGENCY, INC.



Principal Place of Business

478 E EAU GALLIE CSWY  
INDIAN HARBOUR BCH, FL 32937

Mailing Address

478 E EAU GALLIE CSWY  
INDIAN HARBOUR BCH, FL 32937

FILED

06 JAN -9 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3456256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

FRESE, GARY B  
930 S HARBOR CITY BLVD STE 505  
MELBOURNE, FL 32901

DO NOT WRITE  
IN THIS SPACE

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BENNARD, STEVE A
STREET ADDRESS	478 E EAU GALLIE CSWY
CITY-ST-ZIP	INDIAN HARBOUR BEACH, FL 32937
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000026598860  
01/09/04--01035--016 \*\*150.00

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve BENNARD - President.

1/6/04

Date

321-777-8500  
Daytime Phone #