

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000002426

FILED
Apr 26, 2005
Secretary of State

Entity Name: HOFF OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

3 CORDOVA STRET
ST. AUGUSTINE, FL 32085

New Principal Place of Business:

4100 TALL TREES LANE
ST. AUGUSTINE, FL 32086

Current Mailing Address:

4100 TALL TREES LANE
SAINT AUGUSTINE, FL 32086 US

New Mailing Address:

FEI Number: 59-3478545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PELLICER, CHARLES E
28 CORDOVA STREET
ST. AUGUSTINE, FL 32085 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HOFF, RANDALL G
Address: 4100 TALL TREES LANE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: DST () Delete
Name: HOFF, LISA
Address: 4100 TALL TREES LANE
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDALL G. HOFF

DP

04/26/2005

Electronic Signature of Signing Officer or Director

_____ Date