

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90012 006 ***150.00

DOCUMENT # P98000027418

1. Entity Name

HOFMAR HOLDING, INC.



Principal Place of Business

**1617 COOLING AVENUE
MELBOURNE, FL 32935**

Mailing Address

**1617 COOLING AVENUE
MELBOURNE, FL 32935**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



01212004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3504706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOFFMAN, MICHAEL
1617 COOLING AVENUE
MELBOURNE, FL 32935**

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 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 ☐ Delete
NAME **D**
STREET ADDRESS **HOFFMAN, MICHAEL J**
CITY-ST-ZIP **1617 COOLING STREET
MELBOURNE, FL 32935**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MARRS, KEVIN**
CITY-ST-ZIP **1617 COOLING STREET
MELBOURNE, FL 32935**

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-04

Date

Daytime Phone #

321-258-7042



Attachment
24005345

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 21, 2004

HOFMAR HOLDING, INC.
1617 COOLING AVENUE
MELBOURNE, FL 32935

SUBJECT: HOFMAR HOLDING, INC.
Ref. Number: P98000027418

We have received your document for HOFMAR HOLDING, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 904A00003633