


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000093070

1. Entity Name
ROBERT B. HOFFMAN LIMITED, INC.



Principal Place of Business Mailing Address

10189 IDLE PINE LANE 10189 IDLE PINE LANE
BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135

DO NOT WRITE IN THIS SPACE



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0873130 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOFFMAN, ROBERT B
10189 IDLE PINE LANE
BONITA SPRINGS, FL 34135

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

U00000522029
 05/03/06-80014-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOFFMAN, ROBERT B
STREET ADDRESS	10189 IDLE PINE LANE
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	V
NAME	HOFFMAN, CATHERINE H
STREET ADDRESS	10189 IDLE PINE LANE
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 filers empowered.

SIGNATURE *Robert B. Hoffman* 4-17-06 _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #