

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000104618

Entity Name: DAMIEN HOBGOOD, INC.

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

603 N ROBERT WAY  
SATELLITE BEACH, FL 32937 US

**New Principal Place of Business:**

**Current Mailing Address:**

603 N ROBERT WAY  
SATELLITE BEACH, FL 32937 US

**New Mailing Address:**

466 ST LUCIA COURT  
SATELLITE BEACH, FL 32937 US

FEI Number: 59-3614012

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KIRSCHENBAUM, JACK A  
1800 W HIBISCUS BLVD STE 138  
MELBOURNE, FL 32901 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HOBGOOD, DAMIEN J  
Address: 466 ST LUCIA COURT  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D  
Name: HOBGOOD, MAUREEN H  
Address: 466 ST LUCIA COURT  
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby 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 all other like empowered.

SIGNATURE: MAUREEN H HOBGOOD

D

01/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date