

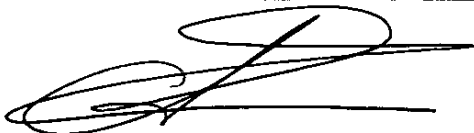
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 15, 2007 8:00 am
Secretary of State

01-22-2007 90103 006 ***150.00

DOCUMENT # S27910			
1. Entity Name EAST HOOGEWERFF, INC.			
Principal Place of Business 3804 GUNN HIGHWAY, SUITE B TAMPA, FL 33618		Mailing Address 3750 GUNN HIGHWAY, SUITE 1E TAMPA, FL 33618	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3804 Gunn Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc. B	
City & State		City & State TAMPA FL	
Zip	Country	Zip	Country
33618		33618	
4. FEI Number 59-3078385		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAMMERS, ROBERT J. 3750 GUNN HIGHWAY, SUITE 4E TAMPA, FL 33618		7. Name and Address of New Registered Agent Name Robert Dammers Street Address (P.O. Box Number is Not Acceptable) 3804 Gunn Highway suite B City Tampa FL 33618	
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 reselecting) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D DAMMERS, RJ 3750 GUNN HIGHWAY, SUITE 4E TAMPA, FL 33618		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D LAVEROCK DAMMERS, AH 3750 GUNN HIGHWAY, SUITE 4E TAMPA, FL 33618		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
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 like empowered.			
SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Anne Dammers 1/18/07 813 931 3003 Daytime Phone #	



Anne H. Laverock Dammers
3804 Gunn Highway, suite B
TAMPA, FL 33618