


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2005 08:00 AM
Secretary of State

DOCUMENT # S51930 1. Entity Name HOB REALTY INVESTMENTS INC.	
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Principal Place of Business 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480	Mailing Address C/O ROBB R MAASS ESQ 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480
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07142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3112813	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MAASS, ROBB R ESQ. C/O ALLEY, MAASS, ET AL. 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480
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**DO NOT WRITE
IN THIS SPACE**

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 reinstalling) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS BRANDSTATTER, HORST 440 S. BEACH ROAD HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRANDSTATTER, HORST 440 S. BEACH RD HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MAASS, ROBB R ESQ 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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07/20/05-80003-008 150.00

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/05 (SG) 659-1770
Date Daytime Phone #