


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2007 08:00 AM
Secretary of State**

DOCUMENT # S99951 1. Entity Name HOOD'S MACHINE SHOP, INC.	
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Principal Place of Business 3841 PALM BEACH BLVD SUITE A FT MYERS, FL 33916	Mailing Address 3841 PALM BEACH BLVD SUITE A FT MYERS, FL 33916
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0300410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOOD, JOE R
3841 PALM BEACH BLVD
SUITE A
FT MYERS, FL 33916

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HOOD, JOE R 6705 OVERLOOK DR FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HOOD, CONNIE S 6705 OVERLOOK DR FT MYERS, FL 33919
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02/05/07-80039-008 150.00

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: Joe R Hood 01/27/07 239-210-2095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #