## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V26725

Title:

Name: Address:

City-St-Zip:

FILED Feb 08, 2009 Secretary of State

Entity Name: THE HOEFLE GROUP, INC. **Current Principal Place of Business: New Principal Place of Business:** 1861 PLACEIDA RD STE 201 1861 PLACEIDA RD ENGLEWOOD, FL 34223 STE 201 ENGLEWOOD, FL 34223 US **Current Mailing Address: New Mailing Address:** 1861 PLACEIDA RD STE 201 1861 PLACEIDA RD STE 201 ENGLEWOOD, FL 34223 US ENGLEWOOD, FL 34223 US FEI Number: 59-3135100 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOEFLE, KENT C HOEFLE, KENT C 1861 PLÁCIDA RD # 201 1861 PLACIDA RD PLANTATION, FL 33322 STE 201 US ENGLEWOOD, FL 34223 US 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: 02/08/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition HOEFLE, KENT C, Name: Name: 1861 PLACIDA RD #201 Address: Address: City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: Title: Title: () Delete () Change () Addition Name: HOEFLE, SCOTT W. Name: 1861 PLACIDA RD 201 Address: Address: ENGLEWOOD, FL 34223 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition HOEFLE, DON W JR, Name: Name: 1737 LOWER RIDGEWOOD BLVD Address: Address: City-St-Zip: HENDERSONVILLE, NC 28791 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KENT C. HOEFLE DP 02/08/2009

( ) Delete

DONNA R HOEFLE,

1861 PLACIDA RD

ENGLEWOOD, FL 34223

() Change () Addition