

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K14561

**Entity Name:** HOFFMAN-PORGES GALLERIES, INC.

**Current Principal Place of Business:**

2511 WEST SHELLPOINT ROAD.  
TAMPA, FL 33611

**Current Mailing Address:**

2511 WEST SHELLPOINT ROAD  
TAMPA, FL 33611

**FEI Number:** 59-2895887

**Certificate of Status Desired:** No

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

HOFFMAN PORGES, MARCIE  
2511 WEST SHELLPOINT ROAD  
TAMPA, FL 33611 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name PORGES, MARCIE HOFFMAN  
Address 2511 W SHELLPOINT ROAD  
City-State-Zip: TAMPA FL 33611

Title STD  
Name PORGES, RONALD A  
Address 2511 W SHELLPOINT ROAD  
City-State-Zip: TAMPA FL 33611

*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:** RONALD PORGES

STD

04/25/2015

Electronic Signature of Signing Officer/Director Detail

Date