


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000013850 1. Entity Name JAMES, HOYER & NEWCOMER, P.A.	
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Principal Place of Business 4830 WEST KENNEDY BLVD. 1 URBAN CENTRE #550 TAMPA, FL 33609 US	Mailing Address 4830 WEST KENNEDY BLVD. 1 URBAN CENTRE #550 TAMPA, FL 33609 US
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04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3154550	Applied For <input type="checkbox"/> Not Applied
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

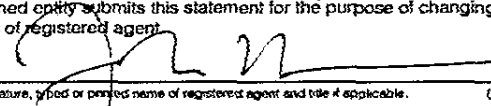
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NEWCOMER, JOHN R JR
4830 W. KENNEDY BLVD STE 550
TAMPA, FL 33609**

**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 reinstating)

DATE

4-12-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000132467
21/04-80029-019 150.00**

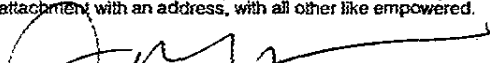
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOYER, JUDY S 4830 W. KENNEDY BLVD STE 550 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOYER, WILLIAM C 4830 W. KENNEDY BLVD STE 550 TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWCOMER, JOHN R 4830 W KENNEDY BLVD STE 550 TAMPA, FL 33609
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**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE



DATE: 4-12-04