

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # S12052 1. Entity Name HOWARD SOCHUREK, INC.					
Principal Place of Business 5450 OLD OCEAN BLVD SUITE 7 OCEAN RIDGE FL 33435 US			Mailing Address 5450 OLD OCEAN BLVD SUITE 7 OCEAN RIDGE FL 33435 US		
2. Principal Place of Business : Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 13-2646194	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SOCHUREK, TATIANA 5450 OLD OCEAN BLVD #7 OCEAN RIDGE FL 33435				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST SOCHUREK, TATIANA 5450 OLD OCEAN BLVD, #7 OCEAN RIDGE FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Tatiana Sochurek</u> Tatiana Sochurek 3/10/05 (561) 739-9990					



1st MOORE CR2E034 (10/04)

4. FEI Number 13-2646194 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOCHUREK, TATIANA
5450 OLD OCEAN BLVD #7
OCEAN RIDGE FL 33435

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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CITY - ST - ZIP
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SOCHUREK, TATIANA
5450 OLD OCEAN BLVD, #7
OCEAN RIDGE FL

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SIGNATURE: Tatiana Sochurek Tatiana Sochurek 3/10/05 (561) 739-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #