


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90309 045 ***150.00

DOCUMENT # 305834 1. Entity Name A.L. HOSPERS & ASSOCIATES, INC.	
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Principal Place of Business 11455 SAINTS ROAD JACKSONVILLE, FL 32246 US	Mailing Address PO BOX 54309 JACKSONVILLE, FL 32245 US
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01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1142272	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JACKINS, L. LANE
13786 PLEASANT VALLEY DR
JACKSONVILLE, FL 32225

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JACKINS, L. LANE
STREET ADDRESS	13786 PLEASANT VALLEY DR
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	JACKINS, MARJORIE
STREET ADDRESS	13786 PLEASANT VALLEY DR
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	JACKINS, JENNIFER
STREET ADDRESS	13786 PLEASANT VALLEY DR
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	JACKINS, MARY LANE
STREET ADDRESS	13786 PLEASANT VALLEY DR
CITY-ST-ZIP	JACKSONVILLE, FL
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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **L. Lane Jackins**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04
Date

904-642-8701
Daytime Phone #