


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State


05-13-2005 90230 044 ***150.00

DOCUMENT # 305834	
1. Entity Name A.L. HOSPERS & ASSOCIATES, INC.	

Principal Place of Business 11455 SAINTS ROAD JACKSONVILLE, FL 32246 US	Mailing Address PO BOX 54309 JACKSONVILLE, FL 32245 US
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DO NOT WRITE IN THIS SPACE

50052557



03312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1142272	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

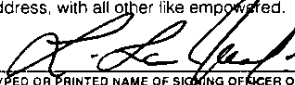
6. Name and Address of Current Registered Agent JACKINS, L. LANE 13786 PLEASANT VALLEY DR JACKSONVILLE, FL 32225	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JACKINS, L. LANE 13786 PLEASANT VALLEY DR JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACKINS, MARJORIE 13786 PLEASANT VALLEY DR JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACKINS, JENNIFER 13786 PLEASANT VALLEY DR JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JACKINS, MARY LANE 13786 PLEASANT VALLEY DR JACKSONVILLE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____