

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 423264

Entity Name: HOCO-24/7, INC.

FILED
Apr 15, 2005
Secretary of State

Current Principal Place of Business:

648 ANGLE RD
FT PIERCE, FL 34947 US

New Principal Place of Business:

7818 LONG COVE WAY
PT. ST. LUCIE, FL 34986 US

Current Mailing Address:

P.O. BOX 1959
FT PIERCE, FL 349541959 US

New Mailing Address:

P.O. BOX 881166
PT. ST. LUCIE, FL 349881166 US

FEI Number: 59-1426488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, DONALD
7818 LONG COVE WAY
PT. ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOS () Delete
Name: HOLMES, DONALD,
Address: 7818 LONG COVE WAY
City-St-Zip: PT. ST. LUCIE, FL 34986

Title: T () Delete
Name: HOLMES, CYNTHIA S
Address: 7818 LONG COVE WAY
City-St-Zip: PT. ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DONALD R HOLMES

CEOS

04/15/2005

Electronic Signature of Signing Officer or Director

Date