

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # 642087

1. Entity Name
**HITCHCOCK & CUNNINGHAM, A PROFESSIONAL
ASSOCIATION**



Principal Place of Business
**OCIATION
613 S.E. 1ST AVENUE
FT LAUDERDALE, FL 33301**

Mailing Address
**OCIATION
613 S.E. 1ST AVENUE
FT LAUDERDALE, FL 33301**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2166452	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

**HITCHCOCK, R.H., ATTY.
613 SE 1ST AVE
FT. LAUDERDALE, FL 33301**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HITCHCOCK, R.H. 613 S.E. 1ST AVE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CUNNINGHAM, GERALD M. 613 S.E. 1ST AVE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/10/05-80044-001 150.00

**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)(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

GERALD MICHAEL CUNNINGHAM

Gerald Michael Cunningham, Vice-Pres/Genl Partner
Date **JAN. 6, 2005** (954) 462-1666
Daytime Phone # _____