


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # F64826 1. Entity Name HACKER, JOHNSON & SMITH, P.A.	
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Principal Place of Business 500 NORTH WESTSHORE BLVD. TAMPA, FL 33609	Mailing Address 500 NORTH WESTSHORE BLVD. STE 1000 TAMPA, FL 33609
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DO NOT WRITE IN THIS SPACE



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2153385	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HACKER, EDWARD F 500 N WESTSHORE BLVD TAMPA, FL 33609
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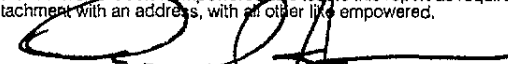
DO NOT WRITE IN THIS SPACE

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

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HACKER, EDWARD F 2804 FOUNTAIN BLVD TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD SMITH, THOMAS 4633 WESTFORD CIRCLE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KANIA, STEPHEN R 3059 ASHLAND TERRACE CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRINK, ROBERT W 6416 NIKKI LANE TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000288702 04/05/05-80020-014 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 an other like empowered.	
SIGNATURE: 	Date 4.4.05 Daytime Phone # 813-286-7230
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	