## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F73570

Jan 20, 2005 Secretary of State

**Entity Name:** ROCKETT & ASSOCIATES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

1685 LEE ROAD, STE 100 WINTER PARK, FL 32789 US

**Current Mailing Address: New Mailing Address:** 

1685 LEE ROAD, STE 100 WINTER PARK, FL 32789 US

FEI Number: 59-2182328 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOYLES, WILLIAM A 301 EAST PINE STREET STE 1400 ORLANDO, FL 32801 US

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: Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED

Title: ( ) Delete Title: (X) Change ( ) Addition

ROCKETT, LOWRY E., ROCKETT, LOWRY E Name: Name: 3032 MERCY DRIVE 3032 MERCY DRIVE Address: Address: City-St-Zip: ORLANDO, FL 328083148 City-St-Zip: ORLANDO, FL 328083148

Title: VΡ Title: () Change () Addition () Delete

Name: HUCKEBA, JAMES C Name: 3032 MERCY DRIVE Address: Address: ORLANDO, FL 328083148 City-St-Zip: 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.

Ρ SIGNATURE: LOWRY E. ROCKETT 01/20/2005