2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G21521 -

1. Entity Name
HOCH AND SONS INCORPORATED



FILED Jan 22, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

3607 WESTMORELAND DRIVE TALLAHASSEE, FL 32303

3607 WESTMORELAND DRIVE TALLAHASSEE, FL 32303



DO	NO	T N	/RITE	IN '	THIS	SPACE
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01172008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-2255624 Not Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent --

HOCH, JAMES A 3607 WESTMORELAND DRIVE TALLAHASSEE, FL 32303

DO'NOT WRITE IN THIS SPACE

	e named entity submits this statement for the p tlons of registered agent.	urpose of changing its registere	d office or i	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRECT PHOCH, JOAN E 3607 WESTMORELAND DRIVE TALLAHASSEE, FL 32303 VP HOCH, JAMES A 3607 WESTMORELAND DRIVE TALLAHASSEE, FL 32303 VP	TORS			000000790350 01/23/08-80036-023 150.00		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOCH, BRIAN M 5004 STONELER RD TALLAHASSEE, FL 32303	and the first words of the property of			NOT WRITE THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP FITLE					• • · · ·		

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurage 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:

STREET ADDRESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-386-2908