

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G48818

FILED
Apr 25, 2005
Secretary of State

Entity Name: HY WAKSTEIN AND ASSOCIATES, INC.

Current Principal Place of Business:

2693 ISLAND VIEW DR.
% GARY WAKSTEIN
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

2693 ISLAND VIEW DR.
% GARY WAKSTEIN
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-2319755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAKSTEIN, GARY
119 GRAND HERON DR
PANAMA CITY BEACH, FL 32407 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: DP () Delete
Name: WAKSTEIN, HY,
Address: 2693 ISLAND VIEW DR
City-St-Zip: PANAMA CITY, FL

Title: DV () Delete
Name: WAKSTEIN, GARY
Address: 119 GRAND HERON DR
City-St-Zip: PANAMA CITY BEACH, FL 32407

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: HY WAKSTEIN

DP

04/25/2005

Electronic Signature of Signing Officer or Director

Date