

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # J62400			
1. Entity Name HITCHCOCK & ASSOCIATES, INC.			
Principal Place of Business 111 S. BAYLEN ST. PENSACOLA FL 32501		Mailing Address PO BOX 13253 PENSACOLA FL 32591-3253	
2. Principal Place of Business 111 South Baylen St Suite, Apt. #, etc.		3. Mailing Address PO Box 13253 Suite, Apt. #, etc.	
City & State Pensacola FL		City & State Pensacola FL	
Zip 32502	Country Escambia	Zip 32591	Country Escambia
6. Name and Address of Current Registered Agent HITCHCOCK, PATRICIA D. 111 SOUTH BAYLEN STREET PENSACOLA FL 32502		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Patricia Hitchcock</i> DATE 3/29/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☐ Delete HITCHCOCK, PATRICIA D 111 SOUTH BAYLEN STREET PENSACOLA FL 32502	TITLE U000000489905	☐ Change ☐ Addition 04/18/06-80033-025 150.00
TITLE VP	☐ Delete BRENNEN, GLENIS 2411 LARKIN STREET PENSACOLA FL 32504	TITLE ☐ Change ☐ Addition	
TITLE S	☐ Delete BRENNEN, GLENIS 2411 LARKIN ST. PENSACOLA FL 32504	TITLE ☐ Change ☐ Addition	
TITLE ST	☐ Delete HITCHCOCK, PATRICIA 111 SOUTH BAYLEN STREET PENSACOLA FL 32502	TITLE ☐ Change ☐ Addition	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Patricia Hitchcock* DATE: **3/29/06** (850)4346447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #