

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90084 024 \*\*\*150.00

**DOCUMENT # L47922**

1. Entity Name  
**HOSECK STRONG, INC.**



Principal Place of Business

**750 94TH AVENUE N.  
#210**

**ST. PETERSBURG, FL 33702 US**

Mailing Address

**750 94TH AVENUE N.  
#210**

**ST. PETERSBURG, FL 33702 US**

**DO NOT WRITE IN THIS SPACE**



03312004

No Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-2996608**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MARKOVITCH, KATHY  
750 94TH AVENUE N.  
SUITE 210  
ST. PETERSBURG, FL 33702**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**  
NAME **HOSECK, PAMELA**  
STREET ADDRESS **1515 MOCKINGBIRD LANE, SUITE 806**  
CITY-ST-ZIP **CHARLOTTE, NC 28209**

TITLE **VP**  
NAME **STRONG, MICHAEL**  
STREET ADDRESS **1515 MOCKINGBIRD LAND, SUITE 806**  
CITY-ST-ZIP **CHARLOTTE, NC 28209**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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NAME  
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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**

*Pamela Hoseck Strong*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/13/04 704 525 4600*