


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90270 040 \*\*\*150.00

<b>DOCUMENT # L47922</b> 1. Entity Name <b>HOSECK STRONG, INC.</b>					
Principal Place of Business <b>750 94TH AVENUE N. #210 ST. PETERSBURG, FL 33702 US</b>			Mailing Address <b>750 94TH AVENUE N. #210 ST. PETERSBURG, FL 33702 US</b>		
2. Principal Place of Business <b>5663 Park Blvd.</b>		3. Mailing Address <b>5663 Park Blvd.</b>			
Suite, Apt. #, etc. <b>Suite # 1</b>		Suite, Apt. #, etc. <b>Suite # 1</b>			
City & State <b>Pinellas Park, FL</b>		City & State <b>Pinellas Park, FL</b>		4. FEI Number <b>59-2996608</b>	
Zip <b>33781</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03012005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>MARKOVITCH, KATHY 750 94TH AVENUE N. SUITE 210 ST. PETERSBURG, FL 33702</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOSECK, PAMELA 1515 MOCKINGBIRD LANE, SUITE 806 CHARLOTTE, NC 28209 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRONG, MICHAEL 1515 MOCKINGBIRD LAND, SUITE 806 CHARLOTTE, NC 28209 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Pamela Hoseck Strong</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/12/05 704.525 4600 <small>Date Daytime Phone #</small>		