## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # M37011

1. Entity Name GARY HACKER, P.A.



**FILED** Feb 09, 2004 08:00 AM Secretary of State

Principal Place of Business

3300 NORTH 29TH AVENUE STE 102

HOLLYWOOD, FL 33020

Mailing Address

3300 NORTH 29TH AVENUE

**STE 102** 

HOLLYWOOD, FL 33020



01052004

No Cha-P

CR2E034 (10/03)

4. FEI Number 59-2708300 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HACKER, GARY 3300 NORTH 29TH AVENUE

## DO NOT WRITE

| STE 102<br>HOLLYWOOD, FL 33020  |  |  | IN THIS SPACE                                    |                                       |  |      |
|---|--|--|--|---------------------------------------|--|------|
| the obligati  | named entity submits this statement for the plons of registered agent. | surpose of changing its registered                       | d office or re                                   | egistered agent, or bo                | oth, in the State of Florida. I am familiar with, and ac | cept |
| SIGNATURE Signature, typed or printed name of registered agent and title II applicable. (NOTE, Registered |  |  | Agent elignature required when reinstating) DATE |                                       |  |      |
| FILE NOW!!! FEE <b>IS</b> \$150.00<br>After May 1, 2004 Fee will be \$550.00                              |  | Election Campaign Financing     Trust Fund Contribution. |  | <b>\$5.00</b> May Be<br>Added to Fees | U00000042550<br>02/10/04-80029-001 150.00                |      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD HACKER, GARY 3300 NORTH 29TH AVENUE, STE 10 HOLLYWOOD, FL           |  |  | _                                     |  |      |
| Title<br>Name<br>Street address<br>City-St-Zip  |  |  |  | •                                     |  |      |
| TITLE<br>NAME<br>STREET AODRESS<br>CITY-ST-ZIP  |  |  | DO NOT WRITE<br>IN THIS SPACE                    |                                       |  |      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |  |                                       |  |      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |  |                                       |  |      |
| TITLE<br>NAME   |  |  |  |                                       |  |      |

12. If hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 receive 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

HACKER PUB. 8-6-04

954-922-2207