

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

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| DOCUMENT # M37011 | |
| 1. Entity Name GARY HACKER, P.A. | |



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| Principal Place of Business 3300 NORTH 29TH AVENUE STE 102 HOLLYWOOD, FL 33020 US | Mailing Address 3300 NORTH 29TH AVENUE STE 102 HOLLYWOOD, FL 33020 US |
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01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2708300 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HACKER, GARY 3300 NORTH 29TH AVENUE STE 102 HOLLYWOOD, FL 33020 |
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| 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 _____ |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HACKER, GARY 3300 NORTH 29TH AVENUE, STE 102 HOLLYWOOD, FL |
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| 000000243386 02/25/05-80037-020 150.00 DO NOT WRITE IN THIS SPACE |
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| 12. I 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 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: <u>Gary Hacker</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | <u>2/23/05</u> Date | <u>954-922-2207</u> Daytime Phone # |