

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90006 004 \*\*\*150.00

**DOCUMENT # M69313**

1. Entity Name

SOCS, INC.



Principal Place of Business

1788 THOMASVILLE RD.  
TALLAHASSEE FL 32303

Mailing Address

1788 THOMASVILLE RD.  
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

P.O. Box 1672

Suite, Apt. #, etc.

Suite, Apt. #, etc.

605 Hamilton Ave

City & State

City & State

Panama City, FL

Panama City, FL

Zip

Country

Zip

Country

32401

USA

32402-1672

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-2891619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMBY, JOHN A  
352 MERCIDES AVE  
PANAMA CITY FL 32401

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CORRECT

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

*John Hamby*

John Hamby

2-15-04

Signature, in ink or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HAMBY, JOHN A.  
1788 THOMASVILLE RD  
TALLAHASSEE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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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)(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:

*John Hamby*

John Hamby

2-15-04

850-509-4592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #