


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90164 038 ****61.25

DOCUMENT # N93000002383	
1. Entity Name CPA-SOLE-PRACTITIONERS, INC.	

Principal Place of Business 40 REAL PKWY SW FORT WALTON BEACH FL 32548 US	Mailing Address 40 REAL PKWY SW FORT WALTON BEACH FL 32548 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-3183991	Applied For <input type="checkbox"/> Not Applicable
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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 HOCK, HAROLD C 40 REAL PKWY SW FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME LAMALIE, GARY L	
STREET ADDRESS 430 BRYN ATHYN RD	
CITY-ST-ZIP MARY ESTHER FL 32569	
TITLE VPD	<input type="checkbox"/> Delete
NAME YOUNG, DOUGLAS E	
STREET ADDRESS 151 REGIONS WAY	
CITY-ST-ZIP PENSACOLA FL 32501	
TITLE TD	<input type="checkbox"/> Delete
NAME HOCK, HAROLD G	
STREET ADDRESS 40 S. BEAL PKWY	
CITY-ST-ZIP FT. WALTON BEACH FL	
TITLE SD	<input type="checkbox"/> Delete
NAME SURBER, SUSAN	
STREET ADDRESS 108 BEAL PKWY SW	
CITY-ST-ZIP FORT WALTON BEACH FL 32548	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLAYCOMB, FRANK R	
STREET ADDRESS 471 SANDMORE SHORES DR	
CITY-ST-ZIP MARY ESTHER FL 32569	
TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAMALIE, GARY L	
STREET ADDRESS 430 BRYN ATHYN RD	
CITY-ST-ZIP MARY ESTHER FL 32569	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WELCH, WILLIAM P	
STREET ADDRESS 31 WALTER MARTIN RD	
CITY-ST-ZIP FORT WALTON BEACH FL 32548	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 617, 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: *Harold G. Hock* **HAROLD G. HOCK** **4/26/04** **850-244-0511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #