

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002383

FILED  
Mar 06, 2005  
Secretary of State

Entity Name: CPA SOLE PRACTITIONERS, INC.

## Current Principal Place of Business:

40 REAL PKWY SW  
FORT WALTON BEACH, FL 32548 US

## New Principal Place of Business:

367 OSBORNE DR NE  
FORT WALTON BEACH, FL 32548 US

## Current Mailing Address:

40 REAL PKWY SW  
FORT WALTON BEACH, FL 32548 US

## New Mailing Address:

367 OSBORNE DR NE  
FORT WALTON BEACH, FL 32548 US

FEI Number: 59-3183991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOCK, HAROLD C  
40 REAL PKWY SW  
FORT WALTON BEACH, FL 32548 US

## Name and Address of New Registered Agent:

STECKLEIN, MONIQUE M  
367 OSBORNE DR NE  
FORT WALTON BEACH, FL 32548 US

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.

SIGNATURE: MONIQUE STECKLEIN

03/06/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LAMALIE, GARY L  
Address: 471 SANDMORE SHORES DR.  
City-St-Zip: MARY ESTHER, FL 32569

Title: VPD ( ) Delete  
Name: LAMALIE, GARY L  
Address: 430 BRYN ATHYN RD  
City-St-Zip: MARY ESTHER, FL 32569

Title: TD ( ) Delete  
Name: HOCK, HAROLD G  
Address: 40 S. BEAL PKWY.  
City-St-Zip: FT. WALTON BEACH, FL

Title: SD ( ) Delete  
Name: WELCH, WILLIAM P  
Address: 31 WALTER MARTIN RD  
City-St-Zip: FORT WALTON BEACH, FL 32548

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition  
Name: STECKLEIN, MONIQUE M  
Address: 367 OSBORNE DR NE  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: HOCK, HAROLD G  
Address: 40 S. BEAL PKWY.  
City-St-Zip: FT. WALTON BEACH, FL

Title: PD (X) Change ( ) Addition  
Name: WELCH, WILLIAM P  
Address: 31 WALTER MARTIN RD  
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONIQUE STECKLEIN

TD

03/06/2005

Electronic Signature of Signing Officer or Director

Date