


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90005 003 ***150.00

DOCUMENT # P00000022321 1. Entity Name H.DOC.POMPER INC.					
Principal Place of Business 5130 WOODRUFF LANE PALM BEACH GARDENS, FL 33418			Mailing Address 5130 WOODRUFF LANE PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business 13831 East Pointe Way Suite, Apt. #, etc.		3. Mailing Address 13831 East Pointe Way Suite, Apt. #, etc.			
City & State Palm Beach Gardens		City & State Palm Beach Gardens		4. FEI Number 65-0990691	
Zip 33418		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERMAN, HARRY M 8816 VIA TUSCANY DR TAMPA, FL 33637			7. Name and Address of New Registered Agent Name Berman, Harry M Street Address (P.O. Box Number is Not Acceptable) 8816 Via Tuscan Dr City Baynton Beach FL Zip Code 33437		
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: Harry M Berman 4.30.04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD POMPER, HAROLD J 5130 WOODRUFF LANE PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pomper, Harold J 13831 East Pointe Way Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Harold J. Pomper 4-30-04 561-818-1823 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment

ALFIE TAX SERVICE INC.

8816 Via Tuscany Drive
Boynton Beach, FL 33437-3950
Palm Beach County

Cell 561-577-0205
Fax 561-738-0500
E-Mail philaharry11@yahoo.com

May 15, 2004

RE: H. Doc Pomper Inc.
RE: Document #P00000022321
EIN: #65-0990691

44045695


Department of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Dear Division of Corporations:

I am sorry that this document did not get to you before May 1. My client never got any information on the 2004 For Profit Corporation Report, probably because MR. Pomper moved. I have been hospitalized three times since the middle to April, due to problems with light and severe headaches. I was in St. Mary's Hospital for a few days from April 15th and in JFK Hospital from April 25th until May 14th. It is obvious that I was physically unable to respond in time. I had a brain biopsy during that time. I was actually home the last day or two in April but, was unable to file on line due to light and various other physical problems. I can provide you with any documentation that you require to verify the above.

Please accept this payment of \$150. and don't fine H. Doc Pomper Inc.

Sincerely Yours,


Harry M. Berman