

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90234 021 \*\*\*150.00

<b>DOCUMENT # P00000025670</b> 1. Entity Name <b>RICK MOCKEL FINANCIAL SERVICES, INC.</b>					
Principal Place of Business <b>23046 SANDALFOOT PLAZA DRIVE PALM BEACH, FL 33428</b>			Mailing Address <b>4578 HUNTING TRAIL LAKE WORTH, FL 33467</b>		
2. Principal Place of Business <b>23046 SANDALFOOT PLAZA DR</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>BOCA RATON, FL</b>		City & State Suite, Apt. #, etc.		04222004    Chg-P    CR2E034 (10/03)	
Zip <b>33428</b>		Country <b>USA</b>		4. FEI Number <b>65-0989539</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>KRASKER, PAUL A ESQ. 625 N. FLAGLER DRIVE 9TH FLOOR WEST, PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent Name <b>Rick Mockel</b> Street Address (P.O. Box Number is Not Acceptable) <b>4578 HUNTING TRAIL</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33467</b>		
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:     DATE: <b>4-25-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOCKEL, RICKY K 4578 HUNTING TRAIL LAKE WORTH, FL 33467</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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:     Date: <b>4-25-04</b> Daytime Phone #: <b>561-483-5989</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**94074680**

