## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000038064

Entity Name: RALPH J. HOCHMAN, C.P.A., P.A.

FILED Mar 17, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6055 ST. AUGUSTINE RD. 5991 CHESTER AVENUE JACKSONVILLE, FL 32217

SUITE 104

JACKSONVILLE, FL 32217

**Current Mailing Address:** New Mailing Address:

6055 ST. AUGUSTINE RD. 5991 CHESTER AVENUE JACKSONVILLE, FL 32217

SUITE 104

JACKSONVILLE, FL 32217

FEI Number: 59-3594556 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOCHMAN, RALPH J HOCHMAN, RALPH J 6055 ST. AÚGUSTINE RD. 5991 CHESTER AVENUE JACKSONVILLE, FL 32217 SUITE 104

JACKSONVILLE, FL 32217

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: RALPH HOCHMAN 03/17/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete () Change () Addition

HOCHMAN, RALPH J Name: Name: 6055 ST. AUGUSTINE RD. Address: Address: City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH HOCHMAN **PRES** 03/17/2004