

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90021 027 \*\*\*150.00

<b>DOCUMENT # P00000038064</b> 1. Entity Name RALPH J. HOCHMAN, C.P.A., P.A.			
Principal Place of Business 5991 CHESTER AVENUE SUITE 104 JACKSONVILLE, FL 32217		Mailing Address 5991 CHESTER AVENUE SUITE 104 JACKSONVILLE, FL 32217	
2. Principal Place of Business - No P.O. Box 6550 St Augustine Rd. Suite, Apt. #, etc. 104 City & State Jacksonville, FL Zip 32217 Country USA		3. Mailing Address 6550 St. Augustine Rd. Suite, Apt. #, etc. # 104 City & State Jacksonville, FL Zip 32217 Country USA	
4. FEI Number 59-3594556		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02112008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent HOCHMAN, RALPH J 6550 ST AUGUSTINE RD #104 JACKSONVILLE, FL 32217		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOCHMAN, RALPH J 6550 ST AUGUSTINE RD #104 JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b> <u>Ralph Hochman</u>		RALPH HOCHMAN 2-11-08 904-771-2170	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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