2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State
04-11-2005 90140 007 ***150.00

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DOCUMENT # P00000105993

1. Entity Name
BOOKER & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
~~170 BLOXHAM AVE~~ ORAGNE CITY, FL 32763	~~170 BLOXHAM AVE~~ ORAGNE CITY, FL 32763

04062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2582 S. Volusia Ave	2582 S Volusia Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange City, FL	City & State: Orang City, FL
Zip: 32763 Country: Volusia	Zip: 32763 Country: Volusia

4. FEI Number 59-3681085 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOOKER, KIM C
~~170 BLOXHAM AVE~~
ORAGNE CITY, FL 32763

Address Change Only.

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 2582 S Volusia Ave
City Orange City FL Zip Code 32763

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D BOOKER, KIM C ~~170 BLOXHAM AVE~~ ORAGNE CITY, FL 32763	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2582 S. Volusia Ave Orange City FL 32763	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 4/8/05 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR