

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062480

FILED  
Apr 04, 2005  
Secretary of State

**Entity Name:** HODGES SEMINARS INTERNATIONAL, INC.

**Current Principal Place of Business:**

919 SPINDLE PALM WAY  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

919 SPINDLE PALM WAY  
APOLLO BEACH, FL 33572

**New Mailing Address:**

**FEI Number:** 59-3725579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HODGES, WILLIAM N  
919 SPINDLE PALM WAY  
APOLLO BEACH, FL 33572 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** HODGES, WILLIAM H  
**Address:** 919 SPINDLE PALM WAY  
**City-St-Zip:** APOLLO BEACH, FL 33572

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

**Title:** P (X) Change ( ) Addition  
**Name:** HODGES, WILLIAM N  
**Address:** 919 SPINDLE PALM WAY  
**City-St-Zip:** APOLLO BEACH, FL 33572

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:** WILLIAM N. HODGES

PRES

04/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date