

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90011 033 \*\*\*150.00

**DOCUMENT # P01000069774**

1. Entity Name  
HKH TAX SERVICE, INC.



Principal Place of Business  
206 SW 10TH STREET  
OCALA, FL 34474

Mailing Address  
206 SW 10TH STREET  
OCALA, FL 34474

50001417

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



01032005 Chg-P CR2E034 (10/03)

4. FEI Number  
65-1119380

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
HOPKINS, VERNON N  
5680 SE 22ND PLACE  
OCALA, FL 34471

7. Name and Address of New Registered Agent  
Name HOPKINS, VERNON N  
Street Address (P.O. Box Number is Not Acceptable)  
206 SW 10TH ST.  
City Ocala FL Zip Code 34474

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

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	DP HOPKINS, VERNON N 5680 SE 22ND PLACE OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 206 SW 10th ST. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOPEC, THADDEUS W 206 SW 10TH STREET OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 206 SW 10th ST. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILL, PATRICK M 206 SW 10TH STREET OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 206 SW 10th ST. OCALA, FL 34474
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: VERNON N. HOPKINS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/05 352-671-5310  
Date Daytime Phone #