2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000083685

1. Entity Name
HOECKER SERVICES, INC.

Principal Place of Business	Mailing Address
3041 SE OVERBROOK DR PORT ST LUCIE, FL 34952	3041 SE OVERBROOK DR PORT ST LUCIE, FL 34952

DO NOT WRITE IN THIS SPACE

01272004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1140026	Not Applicable

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

6. Name and Address of Current Registered Agent

HOECKER, DAN
3041 SE OVERBROOK DR
PORT ST LUCIE, FL 34952

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IN THIS SPACE

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, 2004 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	HOECKER, DAN
STREET ADDRESS	3041 SE OVERBROOK DR
CITY-ST-ZIP	PORT ST LUCIE, FL 34952

TITLE	D
NAME	HOECKER, BOBI
STREET ADDRESS	3041 SE OVERBROOK DR
CITY-ST-ZIP	PORT ST LUCIE, FL 34952

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/04-80012-016 150.00

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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: _Bobi Hoecker_ Bobi Hoecker   1/27/04   772-335-9635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #