

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91024 038 ***150.00

DOCUMENT # P01000108031					
1. Entity Name S.O.C.-1, INC.					
Principal Place of Business 4699 CENTRAL AVE SUITE 2002 SAINT PETERSBURG, FL 33713 US			Mailing Address 4699 CENTRAL AVE SUITE 2002 SAINT PETERSBURG, FL 33713 US		
2. Principal Place of Business 3049 6 th Street S. Suite, Apt. #, etc. Office		3. Mailing Address 3049 6 th Street S. Suite, Apt. #, etc. Office			
City & State St. Petersburg, FL		City & State St. Petersburg, FL		04142004 Chg-P CR2E034 (10/03)	
Zip Country 33705-3771 USA		Zip Country 33705-3771 USA		4. FEI Number 59-3755758	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SIERRA, CHRISTOPHER M ESQ 4699 CENTRAL AVE. SUITE 202 SAINT PETERSBURG, FL 33713			7. Name and Address of New Registered Agent Name: Robert J. Sanders Street Address (P.O. Box Number is Not Acceptable): 3049 6 th Street S. - office City: St. Petersburg, FL Zip Code: 33705-3771		
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: Robert J. Sanders, Pres. 4/14/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD SANDERS, ROBERT J 3049 6TH ST. SOUTH ST. PETERSBURG, FL 33705		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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:			4/14/04 727-895-4288		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		