

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000052201

FILED  
Mar 06, 2006  
Secretary of State

Entity Name: HOHL, BURKETT & COMPANY, P.A.

**Current Principal Place of Business:**

4014 GUNN HWY  
SUITE 260  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

4014 GUNN HWY  
SUITE 260  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 73-1639739      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HOHL, TIMOTHY M  
4014 GUNN HWY  
SUITE 260  
TAMPA, FL 33618 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: PD ( ) Delete  
Name: HOHL, TIMOTHY M  
Address: 4707 WINDFLOWER CIRCLE  
City-St-Zip: TAMPA, FL 33624

Title: SD (X) Delete  
Name: BURKETT, JACOB D  
Address: 3161 65TH WAY N  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: TD ( ) Delete  
Name: HOHL, JULIE K  
Address: 4707 WINDFLOWER CIRCLE  
City-St-Zip: TAMPA, FL 33624

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TIMOTHY M. HOHL

PD

03/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date