

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90052 035 ***150.00

DOCUMENT # P02000071265 1. Entity Name VINCENT J. KROCKA P.A.					
Principal Place of Business 2172 TAMARRON TERRACE PALM HARBOR, FL 34683			Mailing Address 2172 TAMARRON TERRACE PALM HARBOR, FL 34683		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 75-3067721	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KROCKA, VINCENT J 18913 CHAVILLE RD LUTZ, FL 33558				7. Name and Address of New Registered Agent Name VINCENT J. KROCKA Street Address (P.O. Box Number is Not Acceptable) 2172 TAMARRON TERR. City PALM HARBOR FL Zip Code 34683	
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 <u><i>Grace M. Krocka / POA for Vincent J. Krocka</i></u> <u><i>1-30-05</i></u> <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, 2005 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 D <input type="checkbox"/> Delete NAME KROCKA, VINCENT J STREET ADDRESS 18913 CHAVILLE RD CITY-ST-ZIP LUTZ, FL 33558			TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME KROCKA, VINCENT J STREET ADDRESS 2172 TAMARRON TERR CITY-ST-ZIP PALM HARBOR, FL 34683		
TITLE DPVS <input type="checkbox"/> Delete NAME KROCKA, VINCENT J STREET ADDRESS 18913 CHAVILLE RD CITY-ST-ZIP LUTZ, FL 33558			TITLE DPVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME KROCKA, VINCENT J STREET ADDRESS 2172 TAMARRON TERR CITY-ST-ZIP PALM HARBOR, FL 34683		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Grace M. Krocka / POA for Vincent J. Krocka</i></u> <u><i>1-30-05</i></u> <u><i>813-765-5561</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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01032005 Chg-P CR2E034 (10/03)

New Address →

New Address →

New Address →