
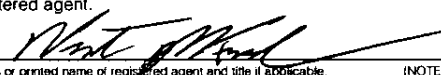


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90045 006 ***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 C/O JOSEPH HOOD, ESQ 704 W. AZEELE ST TAMPA, FL 33606		
2. Principal Place of Business - No P.O. Box # c/o JOSEPH HOOD ESQ		3. Mailing Address 709 W. AZEELE ST.			
Suite, Apt. #, etc. 709 W. AZEELE ST.		Suite, Apt. #, etc.			
City & State TAMPA FLORIDA		City & State			
Zip 33606		Country		Country	
6. Name and Address of Current Registered Agent KROCKA, VINCENT J 2172 TAMARRON TERR PALM HARBOR, FL 34683					
7. Name and Address of New Registered Agent Name JOSEPH HOOD ESQ. Street Address (P.O. Box Number is Not Acceptable) 709 W. AZEELE ST. City TAMPA FL 33606					
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:  DATE: 2-2-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D KROCKA, VINCENT J 2172 TAMARRON TERR PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROCKA, VINCENT J. c/o Joseph Hood Esq 3950 TIGER BAY ROAD DAYTONA BEACH FLORIDA 32124 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS KROCKA, VINCENT J 2172 TAMARRON TERR PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS KROCKA VINCENT J. 3950 TIGER BAY ROAD DAYTONA BEACH FLORIDA 32124 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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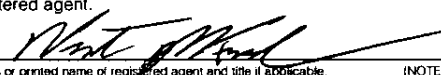


01262007 Chg-P CR2E034 (12/06)

4. FEI Number
75-3067721
Applied For
Not Applicable

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


7. Name and Address of New Registered Agent
Name **JOSEPH HOOD ESQ.**
Street Address (P.O. Box Number is Not Acceptable) **709 W. AZEELE ST.**
City **TAMPA** FL **33606**

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:  DATE: **2-2-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE: **2/22/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR