

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90188 034 ***158.75

DOCUMENT # **P03000010038**

1. Entity Name

HEDGELOCK & ASS. INC

Principal Place of Business

Mailing Address

**348 REDWING WAY
CASSELBERRY FL 32707**

*RECORD CONCERNING
Annual report.*
44047517

2. Principal Place of Business

SAME/ABOVE

3. Mailing Address

SAME AS ABOVE

SSN#

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CASSELBERRY FL

City & State

4. FEI Number

82-0586340

Applied For

☒ Not Applicable

Zip

Country

32707

USA

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

JAY HEDGELOCK PRESIDENT

07-01-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

SSN# 245-21-5409

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**HEDGELOCK JAY PRES. ☐ Delete
348 REDWING WAY
CASSELBERRY FL 32707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ROMALDO KAREN V.P. ☐ Delete
348 Redwing Way
CASSELBERRY FL 32707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-04 407-682-7807

Date

Daytime Phone #