


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

02-10-2004 90033 025 ***150.00

DOCUMENT # P03000052410					
1. Entity Name ROBERT M. JOCKERS, P.A.					
Principal Place of Business 3725 29TH AVENUE NORTH ST. PETERSBURG, FL 33713			Mailing Address 3725 29TH AVENUE NORTH ST. PETERSBURG, FL 33713		
2. Principal Place of Business 6560 1ST AV. N.			3. Mailing Address SAME		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State ST. PETERSBURG FL		City & State ST. PETERSBURG FL		4. FEI Number 90-0085538	
Zip 33710		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOCKERS, ROBERT M 3725 29TH AVENUE NORTH ST. PETERSBURG, FL 33713 6560 1ST AV. N. ST. PETERSBURG FL 33710			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: <i>Robert M. Jockers</i> DATE: 7-22-04 <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 \$550.00 Due by September 8, 2004		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: ROBERT M. JOCKERS <input type="checkbox"/> Delete NAME: 6560 1ST AV. N. STREET ADDRESS: ST. PETERSBURG FL 33710 CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP:		
TITLE: PRESIDENT <input type="checkbox"/> Delete NAME: V.P. SEC/TRES. STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <i>Robert M. Jockers</i> DATE: 7-22-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66431411




07222004 Chg-P CR2E034 (10/03)

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Attachment

6643411

Attachment

DOCUMENT# P03000052410			
1. Entity Name ROBERT M. JOCKERS, P.A.			
Principal Place of Business 3725-29TH AVENUE NORTH ST. PETERSBURG FL 33713		Mailing Address 3725-29TH AVENUE NORTH ST. PETERSBURG FL 33713	
2. Principal Place of Business 6560 1ST AV. NO.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST. PETERSBURG FL		City & State	
Zip 33710	Country	Zip	Country
6. Name and Address of Current Registered Agent JOCKERS, ROBERT M 3725-29TH AVENUE NORTH ST. PETERSBURG FL 33713		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6560 1ST AV. NO. City ST. PETERSBURG FL Zip Code 33710	
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>Rm Jockers</i></u> DATE <u>2-4-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		B. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY- ST- ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY- ST- ZIP	
<div style="border: 2px solid black; padding: 10px;"> <p align="center">ROBERT M. JOCKERS, P.A. OPERATING ACCOUNT 6560 1ST AVE. NORTH ST. PETERSBURG, FL 33710 PH: 727-827-1718</p> <p align="right">2622</p> <p align="right">63-1062/831</p> <p align="right">DATE <u>Feb 4, 2004</u></p> <p>PAY TO THE ORDER OF <u>Florida Department of State</u> \$ <u>150.00</u></p> <p><u>One Hundred Fifty 00/100</u></p> <p align="center">UNITED BANK</p> <p>FOR <u>2004 Annual Report</u></p> <p align="right"><u><i>Rafael Mas</i></u></p> </div>			
CITY- ST- ZIP		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>Rm Jockers</i></u>		Date <u>2-04-04</u>	

Attachment

66431411

ROBERT M. JOCKERS P.A.

P03000052410

Attorney at Law

Robert M. Jockers P.A.

6560 1st Avenue North
St. Petersburg, FL 33710
Phone (727) 827-1719
Fax (727) 344-0185
E-mail RJESQ44@aol.com

July 22, 2004

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

Re: 2004 Annual Report

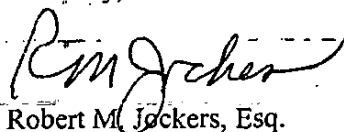
Dear Sir/Madam:

Enclosed is the 2004 Annual Report for Robert M. Jockers, P.A. This report was also sent in, with the \$150.00 fee, on February 4, 2004 (copy attached). However, it is my understanding, after talking with Mark Corbett of your office, that a letter was sent on February 12, 2004 stating that the information for the officers/directors was not completed on the original report. This letter was not received and therefore we are submitting another report with the corrected information.

Please notify our office if there is any other information needed to process this report. Additionally, the address for the principal place of business was changed on the original report and this has not been corrected.

If you have any questions regarding the above, please contact my office. Thank you for your attention in this matter.

Sincerely,


Robert M. Jockers, Esq.

RMJ/km

Enclosures