

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Aug 08, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P03000065394**

1. Entity Name

A ADVERTISING COMPANY OF DENNIS HERNANDEZ &  
ASSOCIATES, INC.



Principal Place of Business

410 SOUTH CEDAR AVENUE  
TAMPA, FL 33606

Mailing Address

410 SOUTH CEDAR AVENUE  
TAMPA, FL 33606

**DO NOT WRITE IN THIS SPACE**



08022005

No Chg-P

CR2E034 (10/03)

4. FEI Number

55-0841580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRZYBYCIN, MATTHEW S  
410 SOUTH CEDAR AVENUE  
TAMPA, FL 33606

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
HERNANDEZ, OSCAR DENNIS JR.  
410 SOUTH CEDAR AVENUE  
TAMPA, FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
PRZYBYCIN, MATTHEW S  
410 SOUTH CEDAR AVENUE  
TAMPA, FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U000000375358

08/08/05-80006-019 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

8/5/05

813-250-0000