# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Feb 18, 2005**
**Secretary of State**

DOCUMENT# P03000099734

**Entity Name:** HILFICKER, P.A.

**Current Principal Place of Business:**

1713 S. LOIS AVE.
STE. 100
TAMPA, FL 33629

**New Principal Place of Business:**

4122 EMPEDRADO STREET
TAMPA, FL 33629

**Current Mailing Address:**

1713 S. LOIS AVE.
STE. 100
TAMPA, FL 33629

**New Mailing Address:**

4122 EMPEDRADO ST.
TAMPA, FL 33629

**FEI Number: 14-1894954** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HILFICKER CHOWNING, KRISTINA
1713 S. LOIS AVE.
STE. 100
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

HILFICKER CHOWNING, KRISTINA
4122 EMPEDRADO ST.
TAMPA, FL 33629 US

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.

SIGNATURE: KRISTINA HILFICKER CHOWNING 02/18/2005
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete
Name: HILFICKER CHOWNING, KRISTINA
Address: 4122 EMPEDRADO ST.
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: HILFICKER CHOWNING, KRISTINA
Address: 4122 EMPEDRADO ST.
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTINA HILFICKER CHOWNING PRES 02/18/2005
Electronic Signature of Signing Officer or Director Date