

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000147814

Entity Name: G L HITCHCOCK ASSOCIATES, INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

3300 UNIVERSITY DRIVE
SUITE 309
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

3300 UNIVERSITY DRIVE
SUITE 309
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 20-0845716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HITCHCOCK, GARY
7201 WEST CYPRESSHEAD DRIVE
PARKLAND, FL 33067 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HITCHCOCK, GARY L
Address: 3300 UNIVERSITY DRIVE, SUITE 309
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VPD () Delete
Name: HITCHCOCK, LISA
Address: 7201 WEST CYPRESS HEAD DRIVE
City-St-Zip: PARKLAND, FL 33067

Title: TREA () Delete
Name: HITCHCOCK, WESLEY
Address: 7201 WEST CYPRESS HEAD DRIVE
City-St-Zip: PARKLAND,, FL 33067

Title: SCTY () Delete
Name: HITCHCOCK, KYLE
Address: 7201 WEST CYPRESS HEAD DRIVE
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GARY HITCHCOCK

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date