
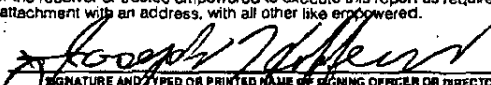


2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/19

FILED
Sep 02, 2004 8:00 am
Secretary of State

08-19-2004 90054 016 ***150.00

DOCUMENT # P03000153815 1. Entity Name JOSEPH HOFFERICA INC					
Principal Place of Business 7911 EUGENE DR PORT RICHEY, FL 34668 US			Mailing Address 7911 EUGENE DR PORT RICHEY, FL 34668 US		
2. Principal Place of Business Suite, Apt. #, etc.: City & State: Zip: Country:			3. Mailing Address Suite, Apt. #, etc.: City & State: Zip: Country:		
4. FEI Number 30-0223408			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 HOFFERICA, JOSEPH 7911 EUGENE DR PORT RICHEY, FL 34668				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOFFERICA, JOSEPH 7911 EUGENE DR PORT RICHEY, FL 34668	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 Date Daytime Phone #					