


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90054 012 ***150.00

DOCUMENT # P04000012247 1. Entity Name HOYMAN, DOBSON & FORNESS, P.A.					
Principal Place of Business 215 BAYTREE DR. MELBOURNE, FL 32940			Mailing Address 215 BAYTREE DR. MELBOURNE, FL 32940		
2. Principal Place of Business Suite, Apt., etc.			3. Mailing Address Suite, Apt., etc.		
City, State, Zip MELBOURNE, FL 32940			City & State MELBOURNE, FL		
4. FEI Number 20-0487056			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 HOYMAN, CHARLES W JR 215 BAYTREE DRIVE MELBOURNE, FL 32940			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip FL		
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 After May 1, 2005 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> Delete	NAME	HOYMAN, CHARLES W JR	STREET ADDRESS
					215 BAYTREE DRIVE
					CITY-ST-ZIP
					MELBOURNE, FL 32940
TITLE	D	<input type="checkbox"/> Delete	NAME	OSWALT, BARBARA J	STREET ADDRESS
					215 BAYTREE DRIVE
					CITY-ST-ZIP
					MELBOURNE, FL 32940
TITLE	D	<input type="checkbox"/> Delete	NAME	KIRK, THOMAS L	STREET ADDRESS
					215 BAYTREE DRIVE
					CITY-ST-ZIP
					MELBOURNE, FL 32940
TITLE	D	<input type="checkbox"/> Delete	NAME	KIRKLAND, KAREN E	STREET ADDRESS
					215 BAYTREE DRIVE
					CITY-ST-ZIP
					MELBOURNE, FL 32940
TITLE	D	<input type="checkbox"/> Delete	NAME	BRADLEY, DEBORAH A	STREET ADDRESS
					215 BAYTREE DRIVE
					CITY-ST-ZIP
					MELBOURNE, FL 32940
TITLE	D	<input type="checkbox"/> Delete	NAME	FORNESS, A WILLIAM JR	STREET ADDRESS
					215 BAYTREE DRIVE
					CITY-ST-ZIP
					MELBOURNE, FL 32940
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	D	<input type="checkbox"/> Delete	NAME	HOYMAN, CHARLES W JR	STREET ADDRESS
					215 BAYTREE DRIVE
					CITY-ST-ZIP
					MELBOURNE, FL 32940
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>Charles W. Hoyman, Jr.</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4-6-2005 Daytime Phone #: 321-255-0088					