

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90301 013 ***150.00

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1. Entity Name
BILL HODOCK COMPANY



Principal Place of Business
**411 N BRIGGS AVE STE 415
SARASOTA, FL 34237**

Mailing Address
**411 N BRIGGS AVE STE 415
SARASOTA, FL 34237**

40070788



04192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1636988

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~HODOCK, BILL~~ **HODOCK, BILL**
**411 N BRIGGS AVENUE, SUITE 415
SARASOTA, FL 34237**

**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 **Bill Hodock**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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
**DP
HODOCK, BILL
411 N BRIGGS AVE STE 415
SARASOTA, FL 34237**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
HODOCK, JOSHUA R
411 N BRIGGS AVE STE 415
SARASOTA, FL 34237**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
SIDERITAS, EDWARD
3191 BELLEVILLE TERRACE
NORTH PORT, FL 342863215**

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**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Bill Hodock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/06

Daytime Phone #