

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

01-21-2005 90046 017 ***150.00
02-14-2005 90038 016 ***150.00

DOCUMENT # P04000033024

1. Entity Name
BRUCE HOFFMAN & ASSOCIATES, INC.



Principal Place of Business
**4302 HENDERSON BLVD
SUITE 120
TAMPA, FL 33629**

Mailing Address
**4302 HENDERSON BLVD
SUITE 120
TAMPA, FL 33629**

00004004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182005 Chg-P CR2E034 (10/03)

4. FEI Number

29077553

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOFFMAN, BRUCE
4302 HENDERSON BLVD
SUITE 102
TAMPA, FL 33629**

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

[Signature]

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

(NOTE: Registered Agent signature required when reappointing)

DATE

1-17-05

**FILE NOW! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

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	D HOFFMAN, BRUCE 4302 HENDERSON BLVD SUITE 102 TAMPA, FL 33629	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition

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]

SIGNATURE AND TITLE OF PARTY IN NAME OF SIGNING OFFICER OR DIRECTOR

1-17-05

Date

**813
6390002**

Daytime Phone #

ATTACHMENT

66002882

P04000033024

BRUCE HOFFMAN & ASSOCIATES, INC

4302 Henderson Blvd. Suite 120

Tampa, Florida 33629

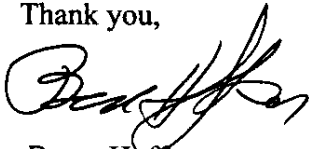
813-639-0002

February 22, 2005

I actually made two errors. The first was not putting in my FEI number. That has been added to the attached form. The second, I paid you twice. I sent in another \$150.00 last week.

~~Would you please return the second payment.~~

Thank you,



Bruce Hoffman