


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

05-03-2005 90076 009 ***150.00

DOCUMENT # P04000075094			
1. Entity Name DONALD W. HOFFMANN, P.A.			
Principal Place of Business 15031 HIGHWAY 331 SOUTH, UNIT #117 FREEPORT, FL 32439		Mailing Address 15031 HIGHWAY 331 SOUTH, UNIT #117 FREEPORT, FL 32439	
2. Principal Place of Business 15031 HIGHWAY 331 SOUTH Suite, Apt. #, etc. UNIT 117		3. Mailing Address 15031 HIGHWAY 331 SOUTH Suite, Apt. #, etc. UNIT 117	
City & State FREEPORT - FLORIDA		City & State FREEPORT - FLORIDA	
Zip 32439	Country USA	Zip 32439	Country USA
4. FEI Number 51-0508209		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOFFMANN, DONALD W. 15031 HIGHWAY 331 SOUTH, UNIT #117 FREEPORT, FL 32439		7. Name and Address of New Registered Agent Name: HOFFMANN, DONALD W. Street Address (P.O. Box Number is Not Acceptable) 15031 HIGHWAY 331 SOUTH UNIT 117 City: FREEPORT FL Zip Code: 32439	
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: <i>Donald W. Hoffmann</i> P/A DONALD W. HOFFMANN APR 21 2005 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOFFMANN, DONALD W. 15031 HIGHWAY 331 SOUTH, UNIT #117 FREEPORT, FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/A HOFFMANN, DONALD W. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15031 HIGHWAY 331 SOUTH UNIT 117 FREEPORT-FL 32439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Donald W. Hoffmann</i> P/A DONALD W. HOFFMANN		APR 21 2005 (754) 581-4572	

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04152005 Chg-P CR2E034 (10/03)