

**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 <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 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> DR DONALD W. HOFFMANN DATE APR 21 2005 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)</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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP ADO HOFFMANN, DONALD W. 15031 HIGHWAY 331 SOUTH, UNIT #117 FREEPORT, FL 32439 </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP ADO HOFFMANN, DONALD W. 15031 HIGHWAY 331 SOUTH, UNIT #117 FREEPORT, FL 32439	<input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP PST HOFFMANN, DONALD W. 15031 HIGHWAY 331 SOUTH UNIT 117 FREEPORT- FL 32439 </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY- ST- ZIP PST HOFFMANN, DONALD W. 15031 HIGHWAY 331 SOUTH UNIT 117 FREEPORT- FL 32439	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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> DR DONALD W. HOFFMANN		Date APR 21 2005 (754) Devoine Phone # 581-4572																													

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