


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90453 028 ***150.00

DOCUMENT # P04000080543 1. Entity Name HOCHDECKER, INC.			
Principal Place of Business 1413 TROVILLION AVENUE WINTER PARK, FL		Mailing Address 1413 TROVILLION AVENUE WINTER PARK, FL	
2. Principal Place of Business 4421 NW 39 AVE		3. Mailing Address 4421 NW 39 AVE	
Suite, Apt. #, etc. BLDG # 3		Suite, Apt. #, etc. BLDG # 3	
City & State GAINESVILLE, FL		City & State GAINESVILLE, FL	
Zip Country 32606-7223 USA		Zip Country 32606-7223 USA	
4. FEI Number 20-1154518		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 HARRISON, CHARLES R 1413 TROVILLION AVENUE WINTER PARK, FL		7. Name and Address of New Registered Agent Name DAVID W. CORNWELL Street Address (P.O. Box Number is Not Acceptable) 4421 NW 39 AVE BLDG # 3 City GAINESVILLE FL Zip Code 32606-7223	
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 DAVID W. CORNWELL <i>David W. Cornwell</i> 4/24/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	D <input type="checkbox"/> Delete CORNWELL, DAVID W 4421 NORTHWEST 39TH AVENUE BLDG. #3 GAINESVILLE, FL 326067223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>David W. Cornwell</i> DAVID W CORNWELL		4/24/05 352 494 1351 <small>Date Daytime Phone #</small>	