

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000125677

Entity Name: JENNIFER N. HOOKS, P.A.

FILED  
Jan 14, 2009  
Secretary of State

## Current Principal Place of Business:

8 COLEMANS DRIVE  
SANTA ROSA BEACH, FL 32459

## New Principal Place of Business:

13607 OSPREY POINT DRIVE  
JACKSONVILLE, FL 32224

## Current Mailing Address:

PO BOX 1605  
SANTA ROSA BEACH, FL 32459

## New Mailing Address:

13607 OSPREY POINT DRIVE  
JACKSONVILLE, FL 32224

FEI Number: 20-1596181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHIPMAN, GARY A  
1414 CO HWY 283 SOUTH  
SUITE B  
SANTA ROSA BEACH, FL 32459 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: HICKMAN, JENNIFER N  
Address: 8 COLEMANS DRIVE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: HICKMAN, JENNIFER N  
Address: 13607 OSPREY POINT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER N. HICKMAN

PSD

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date