

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129574

Entity Name: HOOD & HOOD, DC, P.A.

FILED  
Jan 05, 2006  
Secretary of State

## Current Principal Place of Business:

5990 54 AVE N  
KENNETH CITY, FL 33709

## New Principal Place of Business:

## Current Mailing Address:

5990 54 AVE N  
KENNETH CITY, FL 33709

## New Mailing Address:

FEI Number: 20-1700998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NIESET, JAMES R  
6740-D CROSSWINDS DR S  
ST PETERSBURG, FL 33710 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: D ( ) Delete  
Name: HOOD, CHRISTOPHER W  
Address: 650 64 AVE  
City-St-Zip: ST PETE BEACH, FL 33706

Title: D ( ) Delete  
Name: HOOD, E DANIELLE  
Address: 650 64 AVE  
City-St-Zip: ST PETE BEACH, FL 33706

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition  
Name: HOOD, CHRISTOPHER W  
Address: 8507 JENNIFER LANE  
City-St-Zip: LARGO, FL 33777

Title: DR. (X) Change ( ) Addition  
Name: HOOD, E DANIELLE  
Address: 8507 JENNIFER LANE  
City-St-Zip: LARGO, FL 33777

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. CHRISTOPHER W. HOOD

PRES

01/05/2006

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

\_\_\_\_\_  
Date