

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000131180

Entity Name: TODD HOCKETT, P.A.

FILED
Jan 25, 2005
Secretary of State

Current Principal Place of Business:

1567 SCOTTRIDGE LANE
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

1800 THE GREENS WAY
#502
JACKSONVILLE BEACH, FL 32250 US

Current Mailing Address:

1567 SCOTTRIDGE LANE
JACKSONVILLE, FL 32259

New Mailing Address:

1800 THE GREENS WAY
#502
JACKSONVILLE BEACH, FL 32250

FEI Number: 20-1636381

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOCKETT, TODD
1567 SCOTTRIDGE LANE
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

HOCKETT, TODD
1800 THE GREENS WAY
502
JACKSONVILLE BEACH, FL 32250 US

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:

01/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, S () Delete
Name: HOCKETT, TODD
Address: 1567 SCOTTRIDGE LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: T () Delete
Name: HOCKETT, TODD
Address: 1567 SCOTTRIDGE LANE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, S (X) Change () Addition
Name: HOCKETT, TODD
Address: 1800 THE GREENS WAY #502
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T (X) Change () Addition
Name: HOCKETT, TODD
Address: 1800 THE GREENS WAY #502
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TODD HOCKETT

P

01/25/2005

Electronic Signature of Signing Officer or Director

Date