

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168432

FILED
Feb 23, 2005
Secretary of State

Entity Name: AD HOC LEGAL FORMS SERVICE, INC.

Current Principal Place of Business:

10211 THICKET POINT WAY
TAMPA, FL 33647

New Principal Place of Business:

5510 RIVER ROAD
SUITE 109
NEW PORT RICHEY, FL 33642

Current Mailing Address:

10211 THICKET POINT WAY
TAMPA, FL 33647

New Mailing Address:

5510 RIVER ROAD
SUITE 109
NEW PORT RICHEY, FL 33642

FEI Number: 20-2010888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JO ANNE NEARY, JO ANNE NEARY
10211 THICKET POINT WAY
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

NEARY, JO ANNE
10211 THICKET POINT WAY
TAMPA, FL 33647 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: JO ANNE NEARY

02/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEARY, JO ANNE
Address: 10211 THICKET POINT WAY
City-St-Zip: TAMPA, FL 33647

Title: V () Delete
Name: NEARY, DONALD
Address: 10211 THICKET POINT WAY
City-St-Zip: TAMPA, FL 33647

Title: T () Delete
Name: NEARY, DONALD
Address: 10211 THICKET POINT WAY
City-St-Zip: TAMPA, FL 33647

Title: S () Delete
Name: NEARY, JO ANNE
Address: 10211 THICKET POINT WAY
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JO ANNE NEARY

P

02/23/2005

Electronic Signature of Signing Officer or Director

Date