


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000090214 1. Entity Name GREGORY T. HODGE, P.A.	
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Principal Place of Business PO BOX 114 TERRA CEIA, FL 34250	Mailing Address PO BOX 114 TERRA CEIA, FL 34250
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DO NOT WRITE IN THIS SPACE



02202007 No Chg-P CR2E034 (11/05)

4. FEI Number 34-2050124	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HODGE, GREGORY T
1655 CENTER ROAD
TERRA CEIA, FL 34250

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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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGE, GREGORY PO BOX 114 TERRA CEIA, FL 34250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGE, BRADLEY D PO BOX 114 TERRA CEIA, FL 34250
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Gregory T. Hodge 3/17/07 991-5957213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #