


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000054075	
1. Entity Name ZOCH AND ASSOCIATES, INC.	

Principal Place of Business 1590 86TH AVE. NORTH ST. PETERSBURG, FL 33702-2832	Mailing Address 1590 86TH AVE. NORTH ST. PETERSBURG, FL 33702-2832
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3257771	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZOCH, JAMES C 1590 86TH AVE. NORTH ST. PETERSBURG, FL 33702-2832	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U00000085015 03/11/04-80030-025 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZOCH, JAMES C 1590 86TH AVE. NORTH ST. PETERSBURG, FL 337022832	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZOCH, NICOLE 1590 86TH AVE. NORTH ST. PETERSBURG, FL 337022832	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/8/04** **727/576-5610**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #