

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000078746

FILED  
Mar 15, 2005  
Secretary of State

Entity Name: SOCKEL-MAYNARD ASSOCIATES, INC.

## Current Principal Place of Business:

8799 HOLLY CT.  
#204  
FORT LAUDERDALE, FL 33321

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 39178  
FT. LAUDERDALE, FL 33339

## New Mailing Address:

FEI Number: 65-0557097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAYNARD, PIERRE-SERGE  
8799 HOLLY CT. #204  
FORT LAUDERDALE, FL 33321 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: P ( ) Delete  
Name: SOCKEL, RICHARD  
Address: 7625 NW 79TH AVE 101  
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: VPST ( ) Delete  
Name: MAYNARD, PIERRE-SERGE  
Address: 8799 HOLLY CT. #204  
City-St-Zip: TAMARAC, FL 33321

Title: SNV ( ) Delete  
Name: MANARD, LAURA  
Address: 3055 NE 190TH ST APT 304  
City-St-Zip: AVENTURA, FL 33180

Title: DNV ( ) Delete  
Name: SOCKEL, ARLENE  
Address: 7625 NW 79TH AVE 101  
City-St-Zip: FORT LAUDERDALE, FL 33321

Title: DMV ( ) Delete  
Name: JONES, AIMEE  
Address: 4020 NW 93 WAY  
City-St-Zip: SUNRISE, FL 33351

## 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:

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: PIERRE SERGE MAYNARD

VPST

03/15/2005

Electronic Signature of Signing Officer or Director

Date