

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 8:00 am
Secretary of State

07-20-2004 90001 041 ***158.75

DOCUMENT # P94000086668

1. Entity Name
KOCH & ASSOCIATES, P.A.



Principal Place of Business
**201 N. FRANKLIN ST
ONE TAMPA CITY CENTER, SUITE 3010
TAMPA, FL 33602**

Mailing Address
**201 N. FRANKLIN ST
ONE TAMPA CITY CENTER, SUITE 3010
TAMPA, FL 33602**

54063710



2. Principal Place of Business
500 East Kennedy
Suite, Apt. #, etc.
100
City & State
Tampa, Florida
Zip
33602 Country
USA

3. Mailing Address
500 East Kennedy
Suite, Apt. #, etc.
100
City & State
Tampa, Florida
Zip
33602 Country
USA

07162004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3286136

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KOCH, STEPHEN A
500 E. KENNEDY BLVD.
SUITE 100
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7/15/2004**

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PVST
KOCH, STEPHEN A ESQ.
500 E. KENNEDY BLVD., SUITE 100
TAMPA, FL 33602**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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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)(i), 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: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

7/15/2004
272-1259(12)