2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State
04-11-2005 90193 011 ***150.00

DOCUMENT # P97000065063

1. Entity Name
RHONDA L. HINDS & ASSOCIATES, CPA'S, PA

50036640

Principal Place of Business	Mailing Address
300 MAGNOLIA AVE STE A MERRITT ISLAND, FL 32952	300 MAGNOLIA AVE STE A MERRITT ISLAND, FL 32952

04022005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
595 N. COURTENAY PKWY		595 N. COURTENAY PKWY	
Suite, Apt. #, etc.: SUITE 202		Suite, Apt. #, etc.: SUITE 202	
City & State: MERRITT ISLAND		City & State: MERRITT ISLAND	
Zip: 32953	Country: USA	Zip: 32953	Country: USA

4. FEI Number: 59-3460369 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HINDS, RHONDA LYNNE 1835 N BANANA RIVER DR MERRITT ISLAND, FL 32952	Name: RHONDA HINDS Street Address (P.O. Box Number is Not Acceptable): 595 N. COURTENAY PKWY SUITE 202 City: MERRITT ISLAND FL Zip Code: 32953

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] DATE: 4/2/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVPS HINDS, RHONDA LYNNE 1835 N BANANA RIVER DR MERRITT ISLAND, FL 32952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. RHONDA HINDS 1630 Sea Shell Drive Merritt Island FL 32952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SEDER, DEBOHRA 300 MAGNOLIA AVE, SUITE A MERRITT ISLAND, FL 32952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DEBOHRA SEDER 595 N. COURTENAY PKWY STE 202 Merritt Island FL 32953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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] 4/2/05 321-454-2266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #