

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000082576
 1. Entity Name
HOFFMAN, YATES & ASSOCIATES, INC.



Principal Place of Business: **18707 MONTEVERDE DR, BROOKSVILLE FL 34610 US**
 Mailing Address: **18707 MONTEVERDE DR, BROOKSVILLE FL 34610 US**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State

4. FEI Number **59-3470398**
 Applied For: Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
**HOFFMAN, DANIEL Y
 18707 MONTEVERDE DR
 BROOKSVILLE FL 34610**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	D	<input type="checkbox"/> Delete
NAME	HOFFMAN, DANIEL Y	
STREET ADDRESS	18707 MONTEVERDE DR	
CITY - ST - ZIP	BROOKSVILLE FL 34610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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: **DANIEL Y. HOFFMAN** *[Signature]* Date: **4/26/05** Daytime Phone #: **727-856-7694**