## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000039483

**FILED** Feb 18, 2005 08:00 AM Secretary of State

1. Entity Nar	me K. BOCK, P.A.					J = 1.000
Principal Pla	ice of Business	Mailing Address	<del></del>	1		
3356 E. LA	KE SHORE LANE ER, FL 33761	3356 E. LAKE SHORE LANE CLEARWATER, FL 33761				II EELEE IIIIE IVIII ESSEI VIIEE (SILEI SI SILEI
		The second secon				
	OO NOT WRITE	IN THIS SDA	CE	02142005	No Chg-P	CR2E034 (10/03)
	JO IQI WILLIA	IN THIS OF A		4. FEI Number 59-351		Applied For Not Applicable
					of Status Desired	\$8.75 Additional Fee Required
	8. Name and Address of Current Re	istered Agent		<u> </u>		i ee Required
BOCK, GI	I ORIA K			5 1 A MIN 12 1		
3356 E. L	AKE SHORE_LANE _		DO	NOT W	RIIE	
CLEARWATER, FL 33761			IN THIS SPACE			
8. The above	e named entity submits this statement for th	purpose of changing its register	ed office or register	ed agent, or bot	n, in the State of Flo	rida. I am familiar with, and accept
the obligations of registered agent.						
SIGNATURE	Signature, typed or printed name of registered again and t	tte if applicable (NOTE Registers	d Agent signature required	when reinstation	<del></del>	DATE
		- Violet Registre		w. a. ( Telesatating)	·	Unit
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.			ncing \$5.	00 May Be ed to Fees		
10.	OFFICERS AND DIF	ÉCTORS				, , , , , , , , , , , , , , , , , , ,
TITLE NAME	D BOCK, GLORIA K					
STREET ADDRESS	1 .					3234565
CITY-ST-ZIP	CLEARWATER, FL 33761		1		02/18/05-	3234565 80024-021 150.00
TITLE NAME	P BOCK, GLORIA K					
STREET ADDRESS	3356 E. LAKESHORE LN					
CITY-ST-ZIP	CLEARWATER, FL 33761					
TITLE NAME	ST BOOK IEDBY B			s arms mayanas		
STREET ADDRESS	BOCK, JERRY B 3356 E. LAKE SHORE LANE				***	
CITY-ST-ZIP CLEARWATER, FL 33761		DO NOT WRITE				
TITLE			] <u>-</u>	IÑ T	HIS SP	ACE

A THE STATE OF

12. I hereby certify that the information supplied with this filling 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 either like empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daylime Phone #