

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90004 047 ***150.00

DOCUMENT # P99000029438

1. Entity Name
 ANTHONY R. HOSKINS, P.A.



Principal Place of Business: 7518 S.W. 7TH COURT, NORTH LAUDERDALE, FL 33068
 Mailing Address: 7518 S.W. 7TH COURT, NORTH LAUDERDALE, FL 33068

40024104



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

03012006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
 65-0904452

Country

5. Certificate of Status Desired \$8.75 Add'l Fee Required

Zip

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOSKINS, ANTHONY R
 7518 S.W. 7TH COURT
 NORTH LAUDERDALE, FL 33068

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 understand, the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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

TITLE	P	<input type="checkbox"/> Delete
NAME	HOSKINS, ANTHONY	
STREET ADDRESS	7518 S.W. CT.	
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change
NAME		
STREET ADDRESS	7518 S.W. 7th Court	
CITY-ST-ZIP	North Lauderdale, FL 33068	
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
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TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 11, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anthony R. Hoskins* ANTHONY R. HOSKINS

3/3/06 954442226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #