2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # P99000069906 FILED 1. Entity Name RONALD HOCK'S SPORTING GOODS, INC. 04 Feb 52 M 9 33 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 19 MIMOSA STREET 40 SW BEAL PKWY FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI-Number Applied For 59-3597923 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOCK, RONALD A Street Address (P.O. Box Number is Not Acceptable) 190 MIMOSA STREET FORT WALTON BEACH, FL 32548 City 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, typed or printed name of registered egent and title if epplicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May 200026899483 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to @4414/04--01011--015 **150. 10 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition HOCK, RONALD A NAME NAME STREET ADDRESS 40 SW BEAL PKWY STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH, FL 32548 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP. TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attachin

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