

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90188 034 ***158.75

DOCUMENT # **P03000010038**
 1. Entity Name
HEDGECOCK & ASS. INC



Principal Place of Business Mailing Address
348 REDWING WAY
CASSELBERRY FL 32707

*RECORD CONCERNING
 Annual report.
 44047517*

2. Principal Place of Business **SAME/ABOVE**
 3. Mailing Address **SAME AS ABOVE**

SSN#

Suite, Apt. #, etc.
 City & State **CASSELBERRY FL**
 Zip **32707** Country **USA**

4. FEI Number **82-0586340** 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
 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 **JAY HEDGECOCK PRESIDENT** DATE **07-01-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

SSN# 245-21-5409 Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEDGECOCK JAY PRES. <input type="checkbox"/> Delete 348 REDWING WAY CASSELBERRY FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROMALDO KAREN V.P. <input type="checkbox"/> Delete 348 Redwing way CASSELBERRY FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE **07-2-04** DAYTIME PHONE # **407-682-7807**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR