


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90094 012 ***150.00

DOCUMENT # 579767

1. Entity Name
JACK B. HOSID ASSOCIATES, INC.



Principal Place of Business Mailing Address

622 VASSAR STREET 622 VASSAR STREET
 ORLANDO, FL 32804 ORLANDO, FL 32804

50011339



2. Principal Place of Business 3. Mailing Address

JACK B. HOSID ASSOC INC **JACK B. HOSID ASSOC INC**

Suite, Apt. #, etc. Suite, Apt. #, etc.

345 COBLE DR. **PO BOX 915124**

02022005 Chg-P CR2E034 (10/03)

City & State City & State

LONGWOOD, FL **LONGWOOD, FL**

Zip Country Zip Country

32779 **USA** **32791-5124** **USA**

4. FEI Number Applied For

59-1832068 Not Applicable

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

6. Name and Address of Current Registered Agent

HERMAN, CHESTER D.
345 COBLE DR.
LONGWOOD, FL 32779

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	HERMAN, CHESTER D	
STREET ADDRESS	345 COBLE DR.	
CITY-ST-ZIP	LONGWOOD, FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HERMAN, IRA A.	
STREET ADDRESS	315 GREEN RIDGE RD., S.E.	
CITY-ST-ZIP	CARTERSVILLE, GA	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HERMAN, IRENE R.	
STREET ADDRESS	345 COBLE DR.	
CITY-ST-ZIP	LONGWOOD, FL	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 attachment with an address, with all other like empowered.

SIGNATURE: Chester D. Herman **CHESTER D. HERMAN** 2/2/05 407-774-4698

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