

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 25, 2006 08:00 AM**  
**Secretary of State**



|   |                          |                                 |  |  |   |                                |  |
|---|--------------------------|---------------------------------|--|--|---|--------------------------------|--|
| <b>DOCUMENT # 579767</b>  |                          |                                 |  | <b>1. Entity Name</b>  |   | JACK B. HOSID ASSOCIATES, INC. |  |
| <b>Principal Place of Business</b>  |                          |                                 |  | <b>Mailing Address</b>   |   |                                |  |
| 345 COBLE DR<br>LONGWOOD FL 32779   |                          |                                 |  | P.O. BOX 915124<br>LONGWOOD FL 32791-5124  |   |                                |  |
| <b>2. Principal Place of Business</b>   |                          |                                 |  | <b>3. Mailing Address</b>  |   |                                |  |
| Suite, Apt. #, etc.   |                          |                                 |  | Suite, Apt #, etc  |   |                                |  |
| City & State  |                          |                                 |  | City & State   |   |                                |  |
| Zip   |                          | Country                         |  | Zip  |   | Country                        |  |
| <b>6. Name and Address of Current Registered Agent</b>  |                          |                                 |  | <b>7. Name and Address of New Registered Agent</b>   |   |                                |  |
| HERMAN, CHESTER D.<br>345 COBLE DR.<br>LONGWOOD FL 32779  |                          |                                 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |   |                                |  |
|   |                          |                                 |  | FL Zip Code  |   |                                |  |
| <p><b>4. FEI Number</b> 59-1832068 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</p> <p><b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></p>           |                          |                                 |  |  |   |                                |  |
| <p><b>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.</b></p> |                          |                                 |  |  |   |                                |  |
| <p><b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____</p>  |                          |                                 |  |  |   |                                |  |
| <p><b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2006 Fee Will Be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b></p>  |                          |                                 |  | <p><b>9. Election Campaign Financing</b> <b>\$5.00 May D.</b><br/> <b>Trust Fund Contribution.</b> <input type="checkbox"/> <b>Added to Fees</b></p> |   |                                |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                          |                                 |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |                                |  |
| TITLE   | PTD                      | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                |  |
| NAME  | HERMAN, CHESTER D        |                                 |  | NAME   |   |                                |  |
| STREET ADDRESS  | 345 COBLE DR.            |                                 |  | STREET ADDRESS   |   |                                |  |
| CITY-ST-ZIP   | LONGWOOD FL              |                                 |  | CITY-ST-ZIP  | 100000399984<br>02/01/06-80035-007 150.00                         |                                |  |
| TITLE   | VSD                      | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                |  |
| NAME  | HERMAN, IRA A.           |                                 |  | NAME   |   |                                |  |
| STREET ADDRESS  | 315 GREEN RIDGE RD.,S.E. |                                 |  | STREET ADDRESS   |   |                                |  |
| CITY-ST-ZIP   | CARTERSVILLE GA          |                                 |  | CITY-ST-ZIP  |   |                                |  |
| TITLE   | STD                      | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                |  |
| NAME  | HERMAN, IRENE R.         |                                 |  | NAME   |   |                                |  |
| STREET ADDRESS  | 345 COBLE DR.            |                                 |  | STREET ADDRESS   |   |                                |  |
| CITY-ST-ZIP   | LONGWOOD FL              |                                 |  | CITY-ST-ZIP  |   |                                |  |
| TITLE   |                          | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                |  |
| NAME  |                          |                                 |  | NAME   |   |                                |  |
| STREET ADDRESS  |                          |                                 |  | STREET ADDRESS   |   |                                |  |
| CITY-ST-ZIP   |                          |                                 |  | CITY-ST-ZIP  |   |                                |  |
| TITLE   |                          | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                |  |
| NAME  |                          |                                 |  | NAME   |   |                                |  |
| STREET ADDRESS  |                          |                                 |  | STREET ADDRESS   |   |                                |  |
| CITY-ST-ZIP   |                          |                                 |  | CITY-ST-ZIP  |   |                                |  |
| TITLE   |                          | <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Section 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Chester D. Herman* (CHESTER D. HERMAN) 1/23/06 407-774-4698