


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 579767**  
 1. Entity Name  
**JACK B. HOSID ASSOCIATES, INC.**



Principal Place of Business  
 345 COBLE DR  
 LONGWOOD, FL 32779

Mailing Address  
 P.O. BOX 915124  
 LONGWOOD, FL 32791-5124

**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1832068** Applied For  
 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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HERMAN, CHESTER D 345 COBLE DR. LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HERMAN, IRA A. 315 GREEN RIDGE RD.,S.E. CARTERSVILLE, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HERMAN, IRENE R. 345 COBLE DR. LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/19/07-80063-022 150.00

**DO NOT WRITE IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Chester D. Herman* **CHESTER D. HERMAN** 1/12/07 907-774-4698

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