


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90004 025 \*\*\*150.00

**DOCUMENT # P03000128295**


1. Entity Name  
 HOOSIER (WAWA) COMPANY, INC.



Principal Place of Business  
 5256 HICKORY WOOD DRIVE  
 NAPLES, FL 34119

Mailing Address  
 5256 HICKORY WOOD DRIVE  
 NAPLES, FL 34119

**DO NOT WRITE IN THIS SPACE**



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0420856	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KERSEY, KENNETH A  
 5256 HICKORY WOOD DRIVE  
 NAPLES, FL 34119

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	D-P KERSEY, KENNETH A 5256 HICKORY WOOD DRIVE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DWP Morris, Linda S. 5256 Hickory wood Dr. Naples Fla. 34119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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:  **2/17/06** **239-403-9292**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #