


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J45548</b> 1. Entity Name HOAMART, INC.	
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Principal Place of Business 16040 U. S. 19 NORTH TRI CITY PLAZA CLEARWATER, FL 33764	Mailing Address 16040 U. S. 19 NORTH TRI CITY PLAZA CLEARWATER, FL 33764
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01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2781845	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HOAG, ROBERT W.  
16040 U. S. 19 NORTH  
TRI CITY PLAZA  
CLEARWATER, FL 33764

**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, 2008 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	DP HOAG, ROBERT W 2578 SPLITWOOD WAY CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MARTIN, JOHN P 9004 POSEY DR. WHITMORE LAKE, MI 48189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOAG, MARY JANE 2578 SPLITWOOD WAY CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000806214  
02/06/08-80032-024 150.00

**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:** Robert W. Hoag  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-08  
Date

727-531-8292  
Daytime Phone #