## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# J45548

Entity Name: HOAMART, INC.

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
TRI CITY I	S. 19 NORTH PLAZA ATER, FL 337	64			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
TRI CITY F	S. 19 NORTH PLAZA ATER, FL 337	64			
FEI Number	: 59-2781845	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
16040 Û. S TRI CITY I CLEARW <i>I</i> The above	ATER, FL 337		ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI					
	Electror	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( HOAG, ROBER 2578 SPLITWO CLEARWATER	OOD WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DST ( MARTIN, JOHN 9004 POSEY D WHITMORE LA	DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV ( HOAG, MARY & 2578 SPLITWO CLEARWATER	OOD WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. HOAG PRES 01/26/2009