


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90250 021 ***150.00

DOCUMENT # K89472 1. Entity Name HOSELINE, INC.	
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Principal Place of Business 1619 PARK COMMERCE CT. ST. CLOUD, FL 34769 US	Mailing Address 1619 PARK COMMERCE CT ST. CLOUD, FL 34769 US
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DO NOT WRITE IN THIS SPACE



04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2949643	- 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

**GRAFTON, LINDA A.
1619 PARK COMMERCE COURT
ST CLOUD, FL 34769**

**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, and I, the undersigned, with, and accept the obligations of a registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent

applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAFTON, WILLIAM W. 1619 PARK COMMERCE CT ST CLOUD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAFTON, LINDA A. 1619 PARK COMMERCE CT ST CLOUD, FL
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Linda A. Grafton** **4-21-05** **407-892-2599**

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