
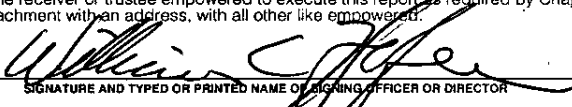


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90042 035 \*\*\*150.00

<b>DOCUMENT # P03000001033</b> 1. Entity Name HOFER DOSTER DESIGNS, INC.					
Principal Place of Business 5251 SELBY DRIVE FORT MYERS, FL 33919			Mailing Address 5251 SELBY DRIVE FORT MYERS, FL 33919		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>02-0660299</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAVERFIELD, WILLIAM T ESQ. 1833 HENDRY STREET FORT MYERS, FL 33901			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOFER, WILLIAM	NAME	HOFER, WILLIAM		
STREET ADDRESS	5251 SELBY DRIVE	STREET ADDRESS	5251 Selby Drive		
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	Fort Myers FL 33919		
TITLE	V <input type="checkbox"/> Delete	TITLE	V/T/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DOSTER, CARLEEN	NAME	DOSTER, CARLEEN		
STREET ADDRESS	5251 SELBY DRIVE	STREET ADDRESS	2466 North Westwood Drive		
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	North Fort Myers FL 33917		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		4/12/04		239-481-1639	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	