


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.	
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Principal Place of Business 5256 HICKORY WOOD DRIVE NAPLES, FL 34119	Mailing Address 5256 HICKORY WOOD DRIVE NAPLES, FL 34119
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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"/>	\$8.75 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 _____ (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. <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-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, FL 34119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 #