


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000047652	
1. Entity Name HOOSIER HOLDINGS, INC.	

Principal Place of Business 610 E. OLYMPIA AVE. STE 201 PUNTA GORDA, FL 33650 US	Mailing Address 610 E. OLYMPIA AVE. STE 201 PUNTA GORDA, FL 33650 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GASSMAN, ALAN S 1245 COURT ST. STE 102 CLEARWATER, FL 34616	DO NOT WRITE IN THIS SPACE
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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)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PSD MOENNING, JOHN 610 E. OLYMPIA AVE. STE 201 PUNTA GORDA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD MOENNING, STEPHEN 610 E. OLYMPIA AVE. STE 201 PUNTA GORDA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JANZ, TIMOTHY A 610 E OLYMPIA AVE SUTE 200 PUNTA GORDA, FL
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IN THIS SPACE**

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04/30/04-20103-004 150.00

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: <i>[Signature]</i> X VP	Date: 4/28/04	Office Phone: 941-639-4646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		