


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000074552		
1. Entity Name HAUSINGER & ASSOCIATES, INC.		
Principal Place of Business 1407 18TH AVE DR EAST PALMETTO, FL 34221 US	Mailing Address P.O. BOX 559 PARRISH, FL 34219	



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0444524	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

**DO NOT WRITE  
IN THIS SPACE**

HAUSINGER, JEFFREY J  
2901 WILDERNESS BLVD. WEST  
PARRISH, FL 34219

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAUSINGER, JEFFREY J
STREET ADDRESS	2901 W WILDERNESS BLVD
CITY-ST-ZIP	PARRISH, FL
TITLE	ST
NAME	HAUSINGER, JOANNE G
STREET ADDRESS	2901 WILDERNESS BLVD W.
CITY-ST-ZIP	PARRISH, FL
TITLE	ASAT
NAME	HAUSINGER, JEFFREY J
STREET ADDRESS	2901 WILDERNESS BLVD. W.
CITY-ST-ZIP	PARRISH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000834123  
02/28/08-80039-024 150.00

**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: Joanne G Hausinger JOANNE G HAUSINGER Sec/ 2/19/08 941-721-7667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #