

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # P98000009933</b>	
1. Entity Name HAUMSCHILD & ASSOCIATES, INC.	
Principal Place of Business 528 OAKFIELD DRIVE BRANDON, FL 33511	Mailing Address 528 OAKFIELD DR BRANDON, FL 33515



04112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3490836	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**

HAUMSCHILD, CARL  
12026 COLONIAL ESTATES LN.  
RIVERVIEW, FL 33569

**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

Signature, typed or printed name of registered agent and title if 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. ☐

**\$5.00** May Be  
Added to Fees

000000305874  
04/14/05-80107-015 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAUMSCHILD, CARL JOHN 12026 COLONIAL ESTATES LN. RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HAUMSCHILD, REGINA MARIE 12026 COLONIAL ESTATES LN. RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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:**

*Regina Haumschild*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05

Date

813-681-5359

Daytime Phone