


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90029 014 ***150.00

DOCUMENT # V26725 1. Entity Name THE HOEFLE GROUP, INC.					
Principal Place of Business 131 BOUNDARY BLVD UNIT B ROTONDA WEST, FL 33947 US				Mailing Address 131 BOUNDARY BLVD UNIT B ROTONDA WEST, FL 33947 US	
2. Principal Place of Business		3. Mailing Address 1801 PLACIDA RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 201			
City & State		City & State MIAMI FL			
Zip		Country		4. FEI Number 59-3135100	
Zip 34223		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOEFLE, KENT C 131 BOUNDARY BLVD UNIT B ROTONDA WEST, FL 33947				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOEFLE, KENT C 131 BOUNDARY BLVD UNIT B ROTONDA WEST, FL 33947		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23019 OSAREY RIDGE SAN ANTONIO TX 78258	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOEFLE, SCOTT W 131 BOUNDARY BLVD UNIT B ROTONDA WEST, FL 33947		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOEFLE, DON W JR 131 BOUNDARY BLVD UNIT B ROTONDA WEST, FL 33947		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DONNA R HOEFLE 131 BOUNDARY BLVD UNIT B ROTONDA WEST, FL 33947		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23019 OSAREY RIDGE SAN ANTONIO TX 78258	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: KENT C HOEFLE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/23/2004 210-4975436 <small>Date Daytime Phone #</small>		