

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09283

FILED
Feb 26, 2009
Secretary of State

Entity Name: HOYT ADVISORY SERVICES, INC.

Current Principal Place of Business:

760 US HWY ONE
SUITE 300
NORTH PALM BEACH, FL 334084424 US

New Principal Place of Business:

Current Mailing Address:

760 US HWY ONE
SUITE 300
NORTH PALM BEACH, FL 334084424 US

New Mailing Address:

FEI Number: 52-1442963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELDIN, MAURY DR.
760 US HWY ONE
SUITE 300
NORTH PALM BEACH, FL 334084424 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCHD () Delete
Name: SELDIN, MAURY DR.
Address: 4737 ROYAL PALM CIRCLE, NE
City-St-Zip: SAINT PETERSBURG, FL 337033139 US

Title: STD () Delete
Name: RACSTER, RONALD L DR.
Address: 1441-C CLIFF COURT
City-St-Zip: COLUMBUS, OH 432043820 US

Title: VPD () Delete
Name: SMITH, HALBERT C DR.
Address: 432 TURKEY CREEK
City-St-Zip: ALACHUA, FL 326159302 US

Title: AS () Delete
Name: HOWARD, THOMAS L ESQ.
Address: 601 13TH ST. NW, SUITE 1000 S, 6TH FL.
City-St-Zip: WASHINGTON, DC 200053807 US

Title: VATD () Delete
Name: DONOHUE, RON M DR.
Address: 6372 143RD ST.
City-St-Zip: PALM BEACH GARDENS, FL 334187221 US

Title: D () Delete
Name: FISHER, JEFFREY D DR.
Address: 3310 GOSPORT CT
City-St-Zip: BLOOMINGTON, IN 474014421 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON M DONOHUE

VATD

02/26/2009

Electronic Signature of Signing Officer or Director

_____ Date