

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90061 032 ***150.00

DOCUMENT # 307357

1. Entity Name
MILDRED HOIT, INCORPORATED



Principal Place of Business
265 SUNRISE AVENUE
PALM BEACH, FL 33480

Mailing Address
265 SUNRISE AVENUE
PALM BEACH, FL 33480

40017293



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1149398

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, MARY
265 SUNRISE AVENUE
PALM BEACH, FL 33480

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE DV
NAME KOONTZ, FLORENCE
STREET ADDRESS 232 LA PUERTA WAY
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE DP
NAME FOSTER-GUSHEE, MARY
STREET ADDRESS 265 SUNRISE AVENUE
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE STD
NAME CONKLIN, CHERYL
STREET ADDRESS 6372 197 PLACE N
CITY-ST-ZIP JUPITER, FL 33458

TITLE D
NAME GUSHEE, STEVEN *Stephen*
STREET ADDRESS 265 SUNRISE AVE
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D
NAME COAKLEY, GAEL
STREET ADDRESS 265 SUNRISE AVENUE
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Cheryl G Conklin* Cheryl G Conklin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/07 561-833-6010
Date Daytime Phone #