2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 307357

Entity Name: MILDRED HOIT, INCORPORATED

Current Principal Place of Business:

265 SUNRISE AVENUE
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

265 SUNRISE AVENUE
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-1149398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUSHEE, MARY
265 SUNRISE AVENUE
PALM BEACH, FL 33480 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:	DV	( ) Delete
Name:	KOONTZ, FLORENCE	
Address:	232 LA PUERTA WAY	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	DP	( ) Delete
Name:	GUSHEE, MARY	
Address:	265 SUNRISE AVENUE	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	SD	( ) Delete
Name:	CONKLIN, CHERYL	
Address:	6372 197 PLACE N	
City-St-Zip:	JUPITER, FL 33458	
Title:	D	( ) Delete
Name:	GUSHEE, STEPHEN	
Address:	265 SUNRISE AVE	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	D	( ) Delete
Name:	COAKLEY, GAEL	
Address:	265 SUNRISE AVENUE	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	T	( ) Delete
Name:	DAVIS, LEIANN S	
Address:	265 SUNRISE AVE	
City-St-Zip:	PALM BEACH, FL 33480	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	CONKLIN, CHERYL	
Address:	265 SUNRISE AVENUE	
City-St-Zip:	PALM BEACH, FL 33480	
Title:		( ) Change ( ) Addition
Name:		
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: MARY GUSHEE DP 04/20/2009

Electronic Signature of Signing Officer or Director — Date