

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 509888**

1. Entity Name  
**HISTORIC STILTSVILLE, INC.**



Principal Place of Business  
**3250 MARY ST  
406  
COCONUT GROVE, FL 33133**

Mailing Address  
**3250 MARY ST  
406  
COCONUT GROVE, FL 33133**



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1689442</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BALDWIN, GAIL B  
3250 MARY ST  
406  
COCONUT GROVE, FL 33133**

**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.

*PKES*

(NOTE: Registered Agent signature required when reinstating)

DATE

*1-12-07*

**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	PD
NAME	BALDWIN, GAIL B
STREET ADDRESS	3250 MARY ST #406
CITY-ST-ZIP	COCONUT GROVE, FL 33133

TITLE	D
NAME	SESSIONS, PAT
STREET ADDRESS	1754 S. BAYSHORE LANE
CITY-ST-ZIP	COCONUT GROVE, FL 33133

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000663289  
03/21/07-80045-024 150.00

**DO NOT WRITE  
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:**

*PKES*

*PKES GAIL B. BALDWIN*

*1-12-07*

*305-443-2266*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #