2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001585

Entity Name: HOYLE CORPORATION

City-St-Zip:

WOODSTOCK, GA 30189

FILED May 01, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	IFEDERATE F IVILLE, FL 32	POINT DR #211 210				
Current Mailing Address:			ı	New Mailing Addre	ess:	
	IFEDERATE F IVILLE, FL 32	POINT DR #211 210				
FEI Number	: 58-2018197	FEI Number Applied For()	FEI Numb	per Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
		POINT DR #211 210 US				
	e named entity e of Florida.	submits this statement for the	purpose of	changing its registe	red office or registered agent, or both,	
SIGNATUI	RE:					
Electronic Signature of Registered Agent					Date	
		93(2)(b), F.S., the corporation did nong Trust Fund Contribution ().	ot receive the	e prior notice.		
OFFICERS AND DIRECTORS:			,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	HOYLE, ARTH	ERATE POINT DR #211	1 4	Fitle: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPT (HOYLE, SHAU 3514 STONEC WOODSTOCK	LIFF WAY	1 4	Fitle: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S (HOYLE, ARYN 3514 STONEO		١	Fitle: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: ARTHUR T HOYLE CP 05/01/2007