


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90030 047 \*\*\*158.75

<b>DOCUMENT # F07000000063</b> 1. Entity Name <b>ED HIOTT, INC.</b>																											
Principal Place of Business <b>2959 PHILIPS FAIRWAY DR CHARLOTTE NC 28216</b>		Mailing Address <b>P.O. BOX 681688 CHARLOTTE NC 28216</b>																									
2. Principal Place of Business - No P.O. Box # <b>111 Blackberry Ln.</b>	3. Mailing Address <b>P.O. Box 520</b>																										
Suite, Apt. #, etc. <b>5</b>	Suite, Apt. #, etc. 																										
City & State <b>Stanley, N.C.</b>	City & State <b>Stanley, NC</b>																										
Zip <b>28164</b>	Country <b>US</b>	Zip <b>28164</b>	Country <b>US</b>																								
6. Name and Address of Current Registered Agent  <b>CHECK MATE LICENSING SERVICE 4411 BEE RIDGE RD #257 SARASOTA FL 34233</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>																									
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and the filer applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>P HIOTT, EDWARD C. 2959 PHILIPS FAIRWAY DR CHARLOTTE NC 28216</b> <input type="checkbox"/> Delete             </td> </tr> <tr> <td>ADDRESS ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>ADDRESS ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>ADDRESS ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>ADDRESS ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>ADDRESS ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>ADDRESS ST-ZIP</td> <td><input type="checkbox"/> Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HIOTT, EDWARD C. 2959 PHILIPS FAIRWAY DR CHARLOTTE NC 28216</b> <input type="checkbox"/> Delete	ADDRESS ST-ZIP	<input type="checkbox"/> Delete	ADDRESS ST-ZIP	<input type="checkbox"/> Delete	ADDRESS ST-ZIP	<input type="checkbox"/> Delete	ADDRESS ST-ZIP	<input type="checkbox"/> Delete	ADDRESS ST-ZIP	<input type="checkbox"/> Delete	ADDRESS ST-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition             </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 filers empowered.

**SIGNATURE:** Edward C. Hiott **1-29-08** **704-827-2877**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #