


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000004969	
1. Entity Name HOIST-CO, INC.	

Principal Place of Business 819 AMES ST BALDWIN CITY KS 66006	Mailing Address PO BOX 27 819 AMES ST. BALDWIN CITY KS 66006 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 48-0887494		Applied For
		Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARRISON, JOHN A 4447 MENDEAVIA DR. SEBRING FL 33872		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 *John A Harrison* DATE 2/5/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME: HARRISON, DORIS STREET ADDRESS: 4447 MENDEAVIA DR CITY- ST- ZIP: SEBRING FL 33872	<input type="checkbox"/> Delete	T NAME: U00000630188 STREET ADDRESS: 02/19/07-80031-006 158.75 CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: HARRISON, JOHN STREET ADDRESS: 4447 MENDEAVIA DR CITY- ST- ZIP: SEBRING FL 33872	<input type="checkbox"/> Delete	S NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: HARRISON, KEVIN STREET ADDRESS: 2310 W JOHNSTON ST CITY- ST- ZIP: OLATHE KS 66061	<input type="checkbox"/> Delete	P NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
 NAME: STREET ADDRESS: CITY- ST- ZIP:	<input type="checkbox"/> Delete	 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 like empowered.

SIGNATURE: *Doris Harrison* **DORIS HARRISON, Treas.** 2/5/07 863-402-1433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #