

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J69466

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** GULF COAST HYPNOSIS TRAINING CENTER, INC.

**Current Principal Place of Business:**

10801 HIGHWAY 231  
YOUNGSTOWN, FL 32466 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1610  
PANAMA CITY, FL 32402 US

**New Mailing Address:**

**FEI Number:** 59-2039066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HILTON, L. CHARLES, JR.  
4116 HIGHWAY 231 NORTH  
PANAMA CITY, FL 32404 US

**Name and Address of New Registered Agent:**

FOISTER, JUDY F  
10801 HIGHWAY 231  
YOUNGSTOWN, FL 32466 US

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: JUDY FOISTER

02/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: FOISTER, WAYLAND  
Address: PO BOX 1610  
City-St-Zip: PANAMA CITY, FL 32402 US

Title: DP  
Name: FOISTER, JUDY  
Address: PO BOX 1610  
City-St-Zip: PANAMA CITY, FL 32402 US

Title: DS  
Name: HILTON, LOYD C  
Address: 4116 HIGHWAY 231 NORTH  
City-St-Zip: PANAMA CITY, FL 32404 US

I hereby 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 all other like empowered.

SIGNATURE: JUDY FOISTER

DP

02/15/2011

Electronic Signature of Signing Officer or Director

Date