2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000031442

1. Entity Name
MARGARET HOSTETTER, P.A.

Principal Place of Business	Mailing Address
480 SUMTER AVE. DAVIE, FL 33325	480 SUMTER AVE. DAVIE, FL 33325

DO NOT WRITE IN THIS SPACE

07192006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0996530	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOSTETTER, MARGARET
480 SUMTER AVE.
DAVIE, FL 33325

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   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **Due by September 6, 2006**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOSTETTER, MARGARET
STREET ADDRESS	480 SUMTER AVE.
CITY-ST-ZIP	DAVIE, FL 33325

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000571992
07/25/06-80010-011 150.00

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: _Margaret Hostetter_ Margaret Hostetter   7/20/06   954-452-9577

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