

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064568

Entity Name: ELAINE HOXIE INC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

903 PALM COVE DR
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

903 PALM COVE DR
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 20-4866323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOXIE, ELAINE
1513 ORMOND AVE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

HOXIE, ELAINE
2848 MULFORD AVE.
WINTER PARK, FL 32789 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: ELAINE P. HOXIE

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOXIE, ELAINE
Address: 1513 ORMOND AVE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOXIE, ELAINE
Address: 2848 MULFORD AVE.
City-St-Zip: WINTER PARK, FL 32789

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.

SIGNATURE: ELAINE P HOXIE

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date