

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 429417

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: HILE'S CURTAIN SPECIALTIES, INC.

**Current Principal Place of Business:**

6103 JOHNS RD  
SUITE 1  
TAMPA, FL 33634 US

**New Principal Place of Business:**

**Current Mailing Address:**

6103 JOHNS RD  
SUITE 1  
TAMPA, FL 33634 US

**New Mailing Address:**

FEI Number: 59-1469305      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

HILE, CHARLES E  
6103 JOHNS RD  
SUITE 1  
TAMPA, FL 33634 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: HILE, CLAYTON E  
Address: 3217 CHALON ST  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: P ( ) Delete  
Name: HILE, CHARLES E  
Address: 1125 BLUEFIELD RD  
City-St-Zip: ODESSA, FL 33556 US

Title: S T ( ) Delete  
Name: HILE, CARSON E  
Address: 9736 OAK STREET  
City-St-Zip: TAMPA, FL 33630 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HILE, CLAYTON E  
Address: 3217 CHALON ST  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: CEO (X) Change ( ) Addition  
Name: HILE, CHARLES E  
Address: 1125 BLUEFIELD RD  
City-St-Zip: ODESSA, FL 33556 US

Title: V (X) Change ( ) Addition  
Name: HILE, CARSON E  
Address: 9736 OAK STREET  
City-St-Zip: TAMPA, FL 33630 US

Title: S T ( ) Change (X) Addition  
Name: SMITH, CINDY E  
Address: P O BOX 11438  
City-St-Zip: SPRING HILL, FL 34610 US

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: CINDY E SMITH

S T

01/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date