


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000107382
 1. Entity Name
 HILL FAMILY HOLDINGS, INC.



Principal Place of Business Mailing Address
 2708 BAY DRIVE 2708 BAY DRIVE
 BRADENTON, FL 34207 BRADENTON, FL 34207



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 02-0577332 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HILL, GEORGE A MD
 2708 BAY DRIVE
 BRADENTON, FL 34207

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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 _____ DATE _____
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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HILL, GEORGE A MD
STREET ADDRESS	2708 BAY DRIVE
CITY-ST-ZIP	BRADENTON, FL 34207
TITLE	TS
NAME	HILL, MARK G
STREET ADDRESS	1324 N WESTMORELAND DR
CITY-ST-ZIP	ORLANDO, FL 328046246
TITLE	VP
NAME	TYLER, LINDA S
STREET ADDRESS	5532 NW 51ST AVE
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000191006
 01/24/05-80155-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* 1/18/05 941 727 8603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #