2004 FOR PROFIT CORPORATION

Apr 19, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P02000052649 04-19-2004 90289 031 ***150.00 1. Entity Name DAVE HILL REAL ESTATE, INC. Principal Place of Business Mailing Address 94055020 31075 CORTEZ BLVD 31075 CORTEZ BLVD BROOKSVILLE, FL 34602 BROOKSVILLE, FL 34602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2594215 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent David R. Hill A1A CORPORATE SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 92 SADBERRY ROAD 31075 Cortez Blvd. QUINCY, FL 32351-0000 Zip Code City **Brooksville** 34602 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE XX Change Addition HILL. DAVE R NAME NAME Hill, David R. 31075 CORTEZ BLVD STREET ADDRESS STREET ADDRESS 31075 Cortez Blvd CITY-ST-ZIP BROOKSVILLE, FL 34602 CITY-ST-ZIP Brocksville, FL 34602 **PVST** XX Change TITLE ☐ Delete TITLE ☐ Addition PVST Hill, David R. HILL DAVE R NAME NAME 31075 CORTEZ BLVD STREET ADDRESS STREET ADDRESS 31075 Cortez Blvd. CITY-ST-ZIP BROOKSVILLE, FL 34602 CITY-ST-7IP Brooksville, FL 34602 TITLE Delete _ Change - - [Addition - TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED