


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90003 021 ***150.00

DOCUMENT # P04000004914
 1. Entity Name
HILL'S CARPET INSTALLATION, INC.



Principal Place of Business Mailing Address
 209 S. LAKE PLEASANT ROAD 209 S. LAKE PLEASANT ROAD
 APOPKA, FL 32703 APOPKA, FL 32703

60011106



2. Principal Place of Business 3. Mailing Address
649 Balsa DR **649 Balsa DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
ALTAMONTE SPRINGS **ALTAMONTE SPRINGS FL**
 City & State City & State
FL

01312006 Chg-P CR2E034 (11/05)

Zip Country Zip Country
32714 **U.S.** **32714** **U.S.**

4. FEI Number Applied For
57-1196059 Not Applicable

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

6. Name and Address of Current Registered Agent
 HILL, LARRY JEROME
 209 S. LAKE PLEASANT ROAD
 APOPKA, FL 32703

7. Name and Address of New Registered Agent
 Name
LARRY J HILL
 Street Address (P.O. Box Number is Not Acceptable)
649 Balsa Drive
 City State Zip Code
ALTAMONTE SPRINGS FL 32714

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 *Larry J Hill* **LARRY J HILL** **2-1-06**
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
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HILL, LARRY JEROME	
STREET ADDRESS	209 S. LAKE PLEASANT ROAD	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GRIFFITHS, RONALD	
STREET ADDRESS	6000 MIMOSA DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Larry J Hill* **LARRY J. HILL** **2-1-06** **321-279-1277**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #