


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90068 026 \*\*\*150.00

**DOCUMENT # 429425**  
 1. Entity Name  
 HILLANDALE FARMS OF FLA., INC.



Principal Place of Business  
 HIGHWAY 41 NORTH  
 P.O. BOX 2109  
 LAKE CITY, FL 32056-1703 US

Mailing Address  
 P.O. BOX 2109  
 LAKE CITY, FL 32056-2109 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

40029301



01172006 Chg-P CR2E034 (11/05)

4. FEI Number  
 59-1477816

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

HAZEN, JACK E. JR.  
 247 NORTHWEST HILLANDALE GLEN  
 LAKE CITY, FL 32055

**7. Name and Address of New Registered Agent**

Name Jack E. Hazen, Sr  
 Street Address (P.O. Box Number is Not Acceptable)  
247 NW Hillandale Glen  
 City Lake City FL Zip Code 32055

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, 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	P	<input type="checkbox"/> Delete
NAME	HAZEN, JACK E.	
STREET ADDRESS	13055 SOUTHWEST 175TH AVENUE	
CITY-ST-ZIP	BROOKER, FL 32622	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAZEN, JACK E. JR	
STREET ADDRESS	123 HARMONY ROAD	
CITY-ST-ZIP	COLUMBIA, MS 39429	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUNNICUTT, HOMER E JR	
STREET ADDRESS	4004 RAINES RD	
CITY-ST-ZIP	BROOKSVILLE, FL 34604	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WARD, JO N	
STREET ADDRESS	SPRING HOLLOW BLVD	
CITY-ST-ZIP	LAKE CITY, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BETHEL, ORLAND R.	
STREET ADDRESS	7196 HAWKSVIEW TRAIL	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIZELL, W. DORMAN	
STREET ADDRESS	5041 DORMAN PLACE	
CITY-ST-ZIP	CALLAHAN, FL 32011	

**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	
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: Jo N. Ward Sec. Treas. Date: 2/7/06 Daytime Phone #: 386 397 1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jo N. Ward