


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 429425</b> 1. Entity Name HILLANDALE FARMS OF FLA., INC.	
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Principal Place of Business 247 NW HILLANDALE GLN LAKE CITY, FL 32055 US	Mailing Address P.O. BOX 2109 LAKE CITY, FL 32056-2109 US
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**DO NOT WRITE IN THIS SPACE**



03212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1477816	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000877434  
 04/14/08-80014-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAZEN, JACK E. 13055 SOUTHWEST 175TH AVENUE BROOKER, FL 32622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZEN, JACK E. JR 123 HARMONY ROAD COLUMBIA, MS 39429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNNICUTT, HOMER E JR 4004 RAINES RD BROOKSVILLE, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WARD, JO N 2185 NW LAKEJEFFERY RD LAKE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETHEL, ORLAND R. 7196 HAWKSVIEW TRAIL PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZELL, W. DORMAN 45120 DORMAN PLACE CALLAHAN, FL 32011

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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. 3/25/08 (386)397 1300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #