

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 429417

Entity Name: HILE'S CURTAIN SPECIALTIES, INC.

Current Principal Place of Business:

2701 SUCCESS DR.
ODESSA, FL 33556

Current Mailing Address:

2701 SUCCESS DR.
ODESSA, FL 33556 US

FEI Number: 59-1469305

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HILE, CHARLES E
2701 SUCCESS DRIVE
ODESSA, FL 33556 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|--------------------------|
| Title | P |
| Name | HILE, CLAYTON E |
| Address | 1125 BLUEFIELD ROAD |
| City-State-Zip: | ODESSA FL 33556 |
| Title | VP |
| Name | HILE, CARSON E |
| Address | 3223 CHALON STREET |
| City-State-Zip: | NEW PORT RICHEY FL 34655 |

| | |
|-----------------|------------------------------------|
| Title | CEO |
| Name | HILE, CHARLES E |
| Address | 1125 BLUEFIELD RD |
| City-State-Zip: | ODESSA FL 33556 |
| Title | SECRETARY, TREASURER |
| Name | SMITH, CINDY ELAINE |
| Address | 15910 ANTLER LANE P O BOX 11438 |
| City-State-Zip: | SPRING HILL FL 34610 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES E HILE

CEO

03/25/2016

Electronic Signature of Signing Officer/Director Detail

Date