


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 168914
 1. Entity Name
HILLCREST LODGE, INC.



Principal Place of Business Mailing Address
241 PALM AVE **241 PALM AVE**
BABSON PARK, FL 33827 **BABSON PARK, FL 33827**

DO NOT WRITE IN THIS SPACE



01152005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-0703068 Not Applicable

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

6. Name and Address of Current Registered Agent
SEVERIN, ALBERTA R
241 PALM AVE
BABSON PARK, FL 33827

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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: *Alberta R Severin* DATE: *Jan 14 - 2005*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SEVERIN, JOHN E
STREET ADDRESS	241 PALM AVE
CITY- ST ZIP	BABSON PARK, FL 33827
TITLE	D
NAME	SEVERIN, ALBERTA R
STREET ADDRESS	241 PALM AVE
CITY- ST ZIP	BABSON PARK, FL 33827
TITLE	D
NAME	SEVERIN, JOHN E
STREET ADDRESS	241 PALM AVE
CITY- ST ZIP	BABSON PARK, FL 33827
TITLE	
NAME	
STREET ADDRESS	
CITY- ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST ZIP	

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 01/21/05-80022-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Alberta R Severin* DATE: *Jan 14 - 05* (863) 638-1712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Use 96 Line Phone #