

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90147 006 \*\*\*150.00

**DOCUMENT # 168914**

1. Entity Name

HILLCREST LODGE, INC.



Principal Place of Business

241 PALM AVE  
BABSON PARK FL 33827

Mailing Address

241 PALM AVE  
BABSON PARK FL 33827



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0703068

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

SEVERIN, ALBERTA R  
241 PALM AVE  
BABSON PARK FL 33827

7. Name and Address of New Registered Agent

Name **STEVEN G. CAMPBELL**  
Street Address (P.O. Box Number is Not Acceptable)

**241 Palm Ave**  
City **Babson Park** FL Zip Code **33827**

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

*[Signature]*

Signature, typed or printed name of registered agent and date. (NOTE: Registered Agent's signature required when changing)

**April 10, 2008**  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete  
NAME **SEVERIN, JOHN E**  
STREET ADDRESS **241 PALM AVE**  
CITY-ST-ZIP **BABSON PARK FL 33827**

TITLE **D** ☒ Delete  
NAME **SEVERIN, ALBERTA R**  
STREET ADDRESS **241 PALM AVE**  
CITY-ST-ZIP **BABSON PARK FL 33827**

TITLE **D** ☒ Delete  
NAME **SEVERIN, JOHN E**  
STREET ADDRESS **241 PALM AVE**  
CITY-ST-ZIP **BABSON PARK FL 33827**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☒ Addition  
NAME **STEVEN G. CAMPBELL**  
STREET ADDRESS **241 Palm Ave**  
CITY-ST-ZIP **Babson Park, FL. 33827**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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 or without other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**January 25-08** **P63 638-1712**  
Daytime Phone #