


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 247371	
1. Entity Name HILLIARD GROVES, INC.	

Principal Place of Business 2650 S. KINGS HIGHWAY FT PIERCE, FL 34945	Mailing Address 2650 S. KINGS HIGHWAY FT PIERCE, FL 34945
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DO NOT WRITE IN THIS SPACE



04062006 No Chg-F CR2E034 (11/05)

4. FEI Number 59-0931630	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, SHERWOOD J 8410 IMMOKOLEE ROAD FT PIERCE, FL 34951
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, SHERWOOD J 8410 IMMOKOLEE ROAD FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STONE, CHARLES JR. 2650 SNEED ROAD FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, PATRICIA A. 8410 IMMOKOLEE ROAD FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/06-80093-010 150.00

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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 reports 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: 	PATRICIA A. JOHNSON	4/7/06	(772)461-5791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #