


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 2650 S. KINGS HIGHWAY 2650 S. KINGS HIGHWAY
 FT PIERCE, FL 34945 FT PIERCE, FL 34945

DO NOT WRITE IN THIS SPACE



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-0931630 Not Applicable

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

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 _____ DATE _____
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, 2007 Fee will be \$550.00

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

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/09/07-80100-022 150.00

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: *Patricia A. Johnson* PATRICIA A. JOHNSON 4/23/07 (772) 461-5791
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #