

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90015 041 \*\*\*150.00

<b>DOCUMENT # 279856</b> 1. Entity Name ROLLING HILLS BUILDERS, INC.					
Principal Place of Business 2256 SMULLIAN TRAIL SOUTH JACKSONVILLE, FL 32217 US			Mailing Address P.O. BOX 551260 JACKSONVILLE, FL 32255		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6593 Powers Ave Suite, Apt. #, etc. Suite 15			
Suite, Apt. #, etc.		City & State Jacksonville FL			
City & State		Zip 32217		Country	
4. FEI Number 59-1084772					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent GILBERT, HARTLEY M 2256 SMULLIAN TRAIL SOUTH JACKSONVILLE, FL 32217					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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: <u>Hartley M. Gilbert</u> DATE: <u>2-13-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT GILBERT, HARTLEY M 2256 SMULLIAN TRAIL SO JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GILBERT, PHYLLIS 2256 SMULLIAN TRAIL SO JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, RANDALL S 2256 SMULLIAN TRAIL SO JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS GILBERT, DARYL 2256 SMULLIAN TRAIL S JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
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: <u>Hartley M. Gilbert</u> DATE: <u>2-13-08</u> DAYTIME PHONE: <u>904-748-5149</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		