
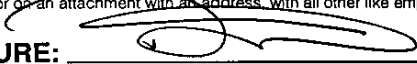


FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90069 018 ***158.75

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 288129					
1. Entity Name LAN-HILL CORP.					
Principal Place of Business LAN-HILL 865 N DIXIE HWY LANTANA, FL 33462			Mailing Address P.O. BOX 3318 LANTANA, FL 33465-3318		
2. Principal Place of Business Lan-Hill Corp.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1086402	
Zip 33462-1839		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		CR2E034 (10/03)			
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.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TWITTY, SUSAN P 865 NORTH DIXIE HIGHWAY LANTANA, FL 33462			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			865 N Dixie Hwy		
			City		
			FL Zip Code 33462-1839		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TWITTY, SUSAN P	NAME			
STREET ADDRESS	865 N DIXIE HWY	STREET ADDRESS			
CITY-ST-ZIP	LANTANA, FL	CITY-ST-ZIP	33462-1839		
TITLE	PCD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HILLBRATH, ARTHUR S JR	NAME			
STREET ADDRESS	865 N. DIXIE HWY	STREET ADDRESS	33462-1839		
CITY-ST-ZIP	LANTANA, FL	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HILLBRATH, DOUGLAS S	NAME			
STREET ADDRESS	865 N DIXIE HWY	STREET ADDRESS	33462-1839		
CITY-ST-ZIP	LANTANA, FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 as an attachment with an address, with all other like empowered.					
SIGNATURE: 		Douglas S. Hillbrath		4-12-05 561-582-1055	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	