

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 06, 2005 08:00 AM
Secretary of State**

DOCUMENT # 293533

1. Entity Name
HILL FAMILY VENTURES, INC.



Principal Place of Business
**4607 RIDGECLIFF
BRANDON, FL 33511**

Mailing Address
**4607 RIDGECLIFF
PO BOX 14417
BRANDON, FL 33511**



03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1096868

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HILL, LEE H III
4607 RIDGECLIFF DR
BRANDON, FL 33511**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	HILL, PATRICIA S.
STREET ADDRESS	4607 RIDGECLIFF DR
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VDT
NAME	HILL, DOROTHY S
STREET ADDRESS	4607 RIDGECLIFF DR
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	PD
NAME	HILL, LEE H, III
STREET ADDRESS	4607 RIDGECLIFF DR
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	CD
NAME	HILL, LEE H, JR
STREET ADDRESS	4607 RIDGECLIFF DR
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/06/05-80025-012 150.00

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IN THIS SPACE**

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 on an attachment with an address, with another line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lee H Hill III

Date

4/3/05

Daytime Phone #

813-832-1600