2009
~~2008~~ FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # 319148

1. Corporate Name

HILLIARD BROTHERS, INC.

FILED
09 FEB 19 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1411 43RD AVE. DR., W.
PALMETTO FL 34221
US

Mailing Address
1411 43RD AVENUE DR., W.
PALMETTO FL 34221
US

2. Principal Place of Business

3. Mailing Address

Street Address

Suite or Apt. #

City & State

City & State

1st MOORE CR2E034 (10-07)

4. FEI Number 59-1169323

Applied For

Certificate Number

5. Check one of the following — $8.75 (Mandatory)

Per Fiscal Year

6. Name and Address of Current Registered Agent

FOUCHER, ROBERT O
1411 43RD AVENUE DR., W.
PALMETTO FL 34221

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Not Acceptable)

City

FL

8. The above corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature of a director or officer or registered agent

NOTE: Required signature on reverse side of this page

Date

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Electronic Filing Fee $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POUCHER, ROBERT O
STREET ADDRESS	1411 43RD AVE. DR., W.
CITY-ST-ZIP	PALMETTO FL

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11. ADDITIONAL OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400144011664
02/19/09--01036--009 **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 Section 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: ROBERT O. POUCHER 1/31/09 34221-3703

S. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number