


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 342544**  
 1. Entity Name  
**HILLSMAN PROPERTIES, INC.**



Principal Place of Business      Mailing Address  
**320 KNOX MCRAE DRIVE**      **320 KNOX MCRAE DRIVE**  
**TITUSVILLE, FL 32780**      **TITUSVILLE, FL 32780**



01132004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1269924**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HILLSMAN, RODNEY**  
**2935 KING FISHER WAY**  
**MIMS, FL 32754**

**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: Rodney Hillsman, CEO      DATE: 1-14-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SPEAR, SHERRY L.
STREET ADDRESS	1586 N CARPENTER RD
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	PD
NAME	HILLSMAN, RODNEY A.
STREET ADDRESS	2935 KING FISHER WAY
CITY-ST-ZIP	MIMS, FL 32754
TITLE	D
NAME	HILLSMAN, CYRUS C.
STREET ADDRESS	3401 LARAIT LANE
CITY-ST-ZIP	ORLANDO, FL 32826
TITLE	STD
NAME	MYERS, PAMELA K
STREET ADDRESS	3411 OWL'S WOOD WAY
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	GILMORE, CHERYL L
STREET ADDRESS	410 S. KEPLER ROAD
CITY-ST-ZIP	DELAND, FL 32724
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000006110  
 01/16/04-80021-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Pamela K Myers      Date: 1-14-04      Daytime Phone #: 321-269-9010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR