

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90046 001 ***150.00



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

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

Mailing Address
**320 KNOX MCRAE DRIVE
 TITUSVILLE, FL 32780**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01052005 Chg-P CR2E034 (10/03)

City & State
 City & State

Zip Country Zip Country

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~~

7. Name and Address of New Registered Agent

Name Rodney Hillsman
 Street Address (P.O. Box Number is Not Acceptable)
320 Knox McRae Dr.
 City Titusville FL Zip Code 32780

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 DATE 1-5-05

Signature typed or printed in the office of registered agent and filed electronically. (2) (2) Registered Agent Signature required for this filing.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	Sherry Spear	320 Knox McRae Dr.	Titusville, FL 32780	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	Rodney Hillsman	320 Knox McRae Dr.	Titusville, FL 32780	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Cyrus Hillsman	320 Knox McRae Dr.	Titusville, FL 32780	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STD	Pamela Myers	320 Knox McRae Dr.	Titusville, FL 32780	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Cheryl Gilmore	320 Knox McRae Dr.	Titusville, FL 32780	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 all other like empowered.

SIGNATURE: Pamela K. Myers Pamela K. Myers DATE: 1-5-05 (321) 269-9399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR