


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

EDOS 342544-2006
FILED
Jan 13, 2006 08:00 AM
Secretary of State

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**



01102006 No Chg-P CR2E034 (11/05)

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
320 KNOX MCRAE DR
TITUSVILLE, FL 32780**

**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 Hillman* DATE: 1-5-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

4011000386456
01/18/06-80060-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPEAR, SHERRY L. 320 KNOX MCRAE DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILLSMAN, RODNEY A. 320 KNOX MCRAE DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLSMAN, CYRUS C. 320 KNOX MCRAE DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MYERS, PAMELA K 320 KNOX MCRAE DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMORE, CHERYL L. 320 KNOX MCRAE DR TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Pamela K Myers* Pamela K Myers 1-5-06 321-269-9040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #