


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90095 026 ***150.00

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**

40089201



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

04212008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-1269924 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

7. Name and Address of New Registered Agent
 Name **David M. Presnick**
 Street Address (P.O. Box Number is Not Acceptable)
96 Willard Street
Suite 202
 City **Cocoa** **FL** Zip Code **32922**

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: *David M. Presnick* DATE: **April 21, 2008**

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	<input type="checkbox"/> Delete
NAME	SPEAR, SHERRY L.	
STREET ADDRESS	320 KNOX MCRAE DR	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HILLSMAN, RODNEY A.	
STREET ADDRESS	320 KNOX MCRAE DR	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILLSMAN, CYRUS C.	
STREET ADDRESS	320 KNOX MCRAE DR	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MYERS, PAMELA K	
STREET ADDRESS	320 KNOX MCRAE DR	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILMORE, CHERYL L	
STREET ADDRESS	320 KNOX MCRAE DR	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	189 Churchill Drive	
CITY-ST-ZIP	Sparta, TN 38583-1524	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	189 Churchill Drive	
CITY-ST-ZIP	Sparta, TN 38583-1524	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	189 Churchill Drive	
CITY-ST-ZIP	Sparta, TN 38583-1524	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	189 Churchill Drive	
CITY-ST-ZIP	Sparta, TN 38583-1524	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Rodney Hillsman* **Rodney Hillsman** President April 24, 2008 (931) (837-9040)

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