


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90038 046 ***150.00

DOCUMENT # 344497	
1. Entity Name HILLBILLY HOLDING CORPORATION	

Principal Place of Business 508 NORTH RAINBOW DR. HOLLYWOOD FL 33021-6060 US	Mailing Address 508 NORTH RAINBOW DR. HOLLYWOOD FL 33021-6060 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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MOORE CR2E034 (11/03)

4. FEI Number 59-1301663		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent FRIEDMAN, KENNETH A 2020 NE .163RD ST STE 300 NORTH MIAMI BEACH FL 33162		7. Name and Address of New Registered Agent Name ALLEN L. CANNON Street Address (P.O. Box Number is Not Acceptable) 310 E. Rivo Alto Dr. Miami Beach 33139 City FL Zip Code

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 *Allen L. Cannon* **Allen L. Cannon Attorney** **2/6/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENKINS, ARTHUR G JR. 508 N. RAINBOW DR. HOLLYWOOD FL 33021-6060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JENKINS, CLAUDIA L 508 N. RAINBOW DR. HOLLYWOOD FL 33021-6060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Arthur G. Jenkins Jr.* **Feb 9, 2004** **954-964-7579**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #