

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90319 034 ***150.00

DOCUMENT # 349696

1. Entity Name
DAVID A. HILL, INC.



Principal Place of Business
**4549-B TAMiami TRAIL
CHARLOTTE HARBOR, FL 33980-2915**

Mailing Address
**P.O. BOX 510964
PUNTA GORDA, FL 33951 US**

50044317



2. Principal Place of Business

3. Mailing Address

36241 Washington Loop Rd.
Suite, Apt. #, etc.

04212005 Chg-P CR2E034 (10/03)

City & State

Punta Gorda, FL
Zip **33982** Country **USA**

City & State

Punta Gorda, FL
Zip **33982** Country **USA**

4. FEI Number

59-1270355

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HILL, DAVID A
4549-B TAMiami TRAIL
CHARLOTTE HARBOR, FL 33950**

7. Name and Address of New Registered Agent

Name
Virginia H. Muth
Street Address (P.O. Box Number is Not Acceptable)
36241 Washington Loop Rd.
City
Punta Gorda FL Zip Code
33982

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 **Virginia H. Muth**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 22, 2005
Date

**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 PD
NAME **HILL, DAVID A., deceased** ☒ Delete
STREET ADDRESS **4364 GUARD ST**
CITY-ST-ZIP **CHARLOTTE HARBOR, FL**

TITLE STD
NAME **MUTH, VIRGINIA H.** ☒ Delete
STREET ADDRESS **36241 WASHINGTON LOOP RD**
CITY-ST-ZIP **PUNTA GORDA, FL**

TITLE V
NAME **EARNST, JR. L., no longer involved** ☒ Delete
STREET ADDRESS **2200 MYRTLE AVE.**
CITY-ST-ZIP **PUNTA GORDA, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME **Muth, Virginia H. - PD** ☐ Change ☒ Addition
STREET ADDRESS **36241 Washington Loop Rd.**
CITY-ST-ZIP **Punta Gorda, FL 33982**

TITLE NAME **Muth, Virginia H. - STD** ☐ Change ☒ Addition
STREET ADDRESS **36241 Washington Loop Rd.**
CITY-ST-ZIP **Punta Gorda, FL 33982**

TITLE NAME **Sides, Dale - V** ☐ Change ☒ Addition
STREET ADDRESS **P.O. Box 9311**
CITY-ST-ZIP **Hickory, NC 28603**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Virginia H. Muth**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2005
Date Daytime Phone #