2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State
04-20-2006 90208 024 ***150.00

DOCUMENT # 369375

1. Entity Name
HILL OLDSMOBILE - NISSAN, INC.

Principal Place of Business	Mailing Address
6401 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884	6401 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884

DO NOT WRITE IN THIS SPACE

02162006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1301512
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HILL JR., JAMES W.
1000 ISLAND WAY.
WINTER HAVEN, FL 33880

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

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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	HILL, SHIRLEY B.
STREET ADDRESS	1000 ISLAND WAY
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	DP
NAME	HILL, JR JAMES
STREET ADDRESS	1000 ISLAND WAY
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	VST
NAME	HILL, TIMOTHY J
STREET ADDRESS	2519 PARTRIDGE S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____ 4/18/06 863-299-2161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #