

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90119 040 ***150.00

DOCUMENT # 412495		
1. Entity Name HILLS OF FLORIDA, INC.		

Principal Place of Business 2437 SE 17TH STREET SUITE 102 OCALA, FL 34471 US	Mailing Address 2437 SE 17TH STREET SUITE 102 OCALA, FL 34471 US
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50029416



2. Principal Place of Business <i>10545 SW 45 CT</i>	3. Mailing Address <i>10545 SW 45 CT</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03162005 Chg-P CR2E034 (10/03)

City & State <i>OCALA, FL</i>	City & State <i>OCALA, FL</i>	4. FEI Number 59-1425504	Applied For Not Applicable
Zip <i>34476</i>	Country <i>MARION</i>	Zip <i>34476</i>	Country <i>MARION</i>

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

6. Name and Address of Current Registered Agent HILLS, RONALD D. 2437 SE 17TH STREET SUITE 102 OCALA, FL 34471	
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7. Name and Address of New Registered Agent Name <i>RONALD D. HILLS</i> Street Address (P.O. Box Number is Not Acceptable) <i>10545 SW 45 CT</i> City <i>OCALA</i> FL Zip Code <i>34476</i>	
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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: *Ronald D. Hills* DATE: *3/16/05*

Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	PSTD HILLS, RONALD D. 2437 SE 17TH ST., SUITE 102 OCALA, FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>10545 SW 45 CT</i> <i>OCALA, FL 34476</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ronald D. Hills* DATE: *3/16/05* 352-873-3017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR