

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 418115

FILED  
Feb 01, 2007  
Secretary of State

Entity Name: HILLARY AND SONS, INC.

**Current Principal Place of Business:**

619 STATE ROAD 50  
GROVELAND, FL 34736 US

**New Principal Place of Business:**

**Current Mailing Address:**

619 STATE ROAD 50  
GROVELAND, FL 34736 US

**New Mailing Address:**

FEI Number: 59-1593482

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HILLARY, SHAUN J.  
619 STATE ROAD 50  
C/O HILLARY & SONS, INC.  
GROVELAND, FL 34736 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HILLARY, DENNIS  
Address: 619 STATE ROAD, 50  
City-St-Zip: GROVELAND, FL

Title: VD ( ) Delete  
Name: HILLARY, SHAUN  
Address: 619 STATE ROAD, 50  
City-St-Zip: GROVELAND, FL

Title: T ( ) Delete  
Name: WILLIAMS, GARY E  
Address: 619 STATE RD 50  
City-St-Zip: GROVELAND, FL 08

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY E. WILLIAMS

CFO

02/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date