


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # 418696 1. Entity Name HILLANDALE FARMS, INC.	
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Principal Place of Business 247 NW HILLANDALE GLN LAKE CITY, FL 32055	Mailing Address P.O. BOX 2109 LAKE CITY, FL 32056-2109 US
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03212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1439919	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

**HAZEN, JACK E SR
247 NW HILLANDALE GIN
LAKE CITY, FL 32055**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAZEN, JACK E 13055 SW 17TH AVE BROOKER, FL 32622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZEN, JACK E JR 123 HARMONY RD COLUMBIA, MS 39429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNNICULT, HOMER E JR 4004 RAINES RD BROOKSVILLE, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WARD, JO N 2185 NW LAKE JEFFREY RD LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETHEL, ORLAND R 7196 HAWKSVIEW TRAIL PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIZELL, DORMAN W 45120 DORMAN PLACE CALLAHAN, FL 32011

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: *Jo N Ward* *Sec. Treas.* **3/25/08** **(386) 397 1300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #