## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 557072** 

Entity Name: HILL'S TRAVEL SERVICE, INC.

FILED Apr 23, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

1500 4TH STREET N.

ST. PETERSBURG, FL 33704 US

Current Mailing Address: New Mailing Address:

1500 4TH STREET N.

ST. PETERSBURG, FL 33704 US

FEI Number: 59-1794919 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BAILEY, JOAN FRANKLIN 1500 4TH STREET N.

ST. PETERSBURG, FL 33704 US

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:

Title:

Name:

Address:

City-St-Zip:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DEVICENTE, MICHELLE BAILEY

ST. PETERSBURG, FL 33704 US

615 22ND AVE N

(X) Change ( ) Addition

Title: STD ( ) Delete Name: FRANKLIN, JEAN HILL

Address: 1067 EDEN ISLE DR.N.E.

City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: PD () Delete Title: () Change () Addition

 Inte:
 PD
 ( ) Delete

 Name:
 BAILEY, JOAN FRANKLIN

 Address:
 924 NORTH SHORE DRIVE NE

 City-St-Zip:
 SAINT PETERSBURG, FL 33701 US

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOAN F. BAILEY PD 04/23/2009