2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

01-22-2007 90087 015 ***150.00

DOCUMENT # 601532

1. Entity Name
HILL AND LEMONGELLO, P.A.

Principal Place of Business	Mailing Address
400 SE 6 ST FORT LAUDERDALE, FL 33301	400 SE 6 ST FORT LAUDERDALE, FL 33301

01102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Hill & Lemongello, PA	Hill & Lemongello, PA
Suite, Apt. #, etc. 800 SE 3 Ave #200	Suite, Apt. #, etc. 800 SE 3 Ave #200
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale FL
Zip 33316 Country USA	Zip 33316 Country USA

4. FEI Number 59-1990379 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, SAMUEL TYLER
400 SE 6 ST.
SUITE 200
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name: Hill, Samuel Tyler
Street Address (P.O. Box Number is Not Acceptable): 800 SE 3 Ave, #200
City: Ft. Lauderdale FL Zip Code 33316

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: S. T. Hill — 1-18-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS / **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

10.			11.		
TITLE	PD	☐ Delete	TITLE	PD	☑ Change ☐ Addition
NAME	HILL, SAMUEL TYLER		NAME	Hill, Samuel Tyler	
STREET ADDRESS	400 SE 6 ST		STREET ADDRESS	800 SE 3 Ave, #200	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP	Ft. Lauderdale, FL 33316	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: S. T. Hill — 2-14-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #