

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # 650182



1. Entity Name
HILLTOP ESTATES, INC.

Principal Place of Business
**12349 CURLEY RD
SAN ANTONIO FL 33576
US**

Mailing Address
**POB 2302
SAINT LEO FL 33574
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1990843**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHRADER, THEODORE J
12349 CURLEY RD
SAN ANTONIO FL 33576**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME: **PD**
STREET ADDRESS: **GUDE, CARL A**
CITY-STATE-ZIP: **16235 JESSAMINE RD
DADE CITY FL 33523** ☐ Delete

TITLE
NAME: **VD**
STREET ADDRESS: **GUDE, FLORIAN C**
CITY-STATE-ZIP: **31530 GUDE RD
DADE CITY FL 33525** ☐ Delete

TITLE
NAME: **STD**
STREET ADDRESS: **SCHRADER, THEODORE J**
CITY-STATE-ZIP: **31306 PASCO RD
SAN ANTONIO FL 33576** ☐ Delete

TITLE
NAME: ☐ Delete

TITLE
NAME: ☐ Delete

TITLE
NAME: ☐ Delete

TITLE ☐ Change ☐ Addition

NAME: **U000000756772**
STREET ADDRESS: **05/23/07-80044-006 150.00**
CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME: ☐ Change ☐ Addition

STREET ADDRESS: ☐ Change ☐ Addition

CITY-STATE-ZIP: ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or without other like empowered.

SIGNATURE:

Theodore J Schrader
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 (352) 2038
Date Daytime Phone #