

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 653977

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: HILLTOP OF HAINES CITY, INC.

## Current Principal Place of Business:

# 8 RAILROAD AVE  
P.O. BOX 337  
HAINES CITY, FL 33845

## New Principal Place of Business:

# 8 RAILROAD AVE  
HAINES CITY, FL 33844 US

## Current Mailing Address:

# 8 RAILROAD AVE  
P.O. BOX 337  
HAINES CITY, FL 33845

## New Mailing Address:

P. O. BOX 337  
HAINES CITY, FL 33845 US

FEI Number: 59-2018924

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROADAWAY, DENNIS P  
8 RAILROAD AVENUE  
HAINES CITY, FL 33845 US

## Name and Address of New Registered Agent:

BROADAWAY, DENNIS P  
8 RAILROAD AVENUE  
HAINES CITY, FL 33844 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:

01/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: HAMRICK, H.R.,  
Address: 17901 HOLLY BROOK DRIVE  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: WHEELER, IRVING  
Address: 250 2ND ST. SW  
City-St-Zip: WINTER HAVEN, FL

Title: PD ( ) Delete  
Name: TURNER, ROBERT  
Address: 899 W LAKE OTIS DRIVE  
City-St-Zip: WINTER HAVEN, FL

Title: VPD ( ) Delete  
Name: BAUKNIGHT, JIM  
Address: 5600 E IRLO BLONSON HWY  
City-St-Zip: ST CLOUD, FL 34771

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition  
Name: HAMRICK, H R  
Address: 17901 HOLLY BROOK DRIVE  
City-St-Zip: TAMPA, FL 33647 US

Title: VPD (X) Change ( ) Addition  
Name: WHEELER, IRVING  
Address: 250 2ND ST. SW  
City-St-Zip: WINTER HAVEN, FL 33882 US

Title: PD (X) Change ( ) Addition  
Name: TURNER, ROBERT  
Address: 304 LOCHEN CIRCLE SE  
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: VPD (X) Change ( ) Addition  
Name: BAUKNIGHT, JIM  
Address: 5600 E IRLO BLONSON HWY  
City-St-Zip: ST CLOUD, FL 34771 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: H R HAMRICK

STD

01/06/2004

Electronic Signature of Signing Officer or Director

Date