2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2006 8:00 am **Secretary of State DOCUMENT # 762426** 1. Entity Name 02-06-2006 90094 032 ****61.25 HILLCREST ESTATES, INC. Principal Place of Business Mailing Address HILLCREST ESTATES, INC. HEATH DR. 39101 ZEPHYRHILLS FL 33542 ZEPHYRHILLS FL 33542 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 65-0017982 Not Applicable Country PASC 0 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRUELSEN, ELAINE M Street Address (P.O. Box Number is Not Acceptable) 39116 HILLCREST DR. ZEPHYRHILLS FL 33542 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. □ Delete TITLE ☐ Addition SWEET JAMES TOR. 39012 HILLCREST DR. PETERS, DAVE NAME NAME 39122 HILLCREST STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33542 ZEPHYRH1115,72.3354 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition HUNGATE, JAMES NAME NAME STREET ADDRESS 39019 HEATH DR. STREET ADDRESS ZEPHERHILL FL 33542 CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE ☐ Change ☐ Addition NAME TRUELSEN, ELAINES M NAME STREET ADDRESS 39116 HEATH DR. STREET ADDRESS ZEPHYRHILLS FL 33542 CITY-ST-ZIP CITY-ST-Z(F Delete ☐ Change ■ Addition CURRIER, RICHARD STREET ADDRESS 39048 HEATH DR. STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL 33542 CITY-ST-ZIP LYN LINDSAY 39100 HEATH DRI TITLE Delete TITLE D 🔀 Change ☐ Addition ELLIOTT, VERA NAME NAME 39020 HEATH DR STREET ADDRESS STREET ADDRESS ZEPHERHILLS FL 33542 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition AUSTIN, DORIS NAME 39152 HILLCREST DR. STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33542 CITY-\$7-7IP CITY-ST-ZIP

FILED

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 617, 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: ELAINE M. TRUELSEN SEN TRUELSEN 8/3-788-3307