2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State
03-29-2007 90031 049 ****61.25

DOCUMENT # 762426

1. Entity Name

HILLCREST ESTATES, INC.

Principal Place of Business	Mailing Address
HILLCREST ESTATES, INC. ZEPHYRHILLS FL 33542 US	HEATH DR. 39101 ZEPHYRHILLS FL 33542 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0017982 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TRUELSEN, ELAINE M 39116 HILLCREST DR. ZEPHYRHILLS FL 33542	Name: AKERS, RUTH M. Street Address (P.O. Box Number is Not Acceptable): 39108 HILLCREST DR. City: ZEPHYRHILLS FL Zip Code: 33542

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: RUTH M AKERS ST
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P JAMES, SWEET 39122 HILLCREST ZEPHYRHILLS FL 33542	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP HUNGATE, JAMES 39019 HEATH DR. ZEPHERHILL FL 33542	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP ARSENAULT, ROGER 6251 23RD ST. ZEPHYRHILLS, FL 33542 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ST TRUELSEN, ELAINES M 39116 HEATH DR. ZEPHYRHILLS FL 33542	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ST AKERS RUTH M 39108 HILLCREST DR. ZEPHYRHILLS, FL 33542 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CURRIER, RICHARD 39048 HEATH DR. ZEPHYRHILLS FL 33542	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ALLEY, CLIFF 39112 HEATH DR. ZEPHYRHILLS, FL 33542 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ELLIOTT, VERA 39020 HEATH DR ZEPHERHILLS FL 33542	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D LINDSAY, LYN 39100 HEATH DRIVE ZEPHYRHILLS, FL 33542 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D AUSTIN, DORIS 39152 HILLCREST DR. ZEPHYRHILLS FL 33542	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D COMPTON ELSIE 39055 HILLCREST DR ZEPHYRHILLS, FL 33542 ☒ 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 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: Ruth M. Akers RUTH MAKERS 813-715-9821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #