

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 07, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # 849004**

1. Entity Name  
**HILLER SYSTEMS INCORPORATED**



Principal Place of Business  
**3245 W. FAIRFIELD DR  
PENSACOLA, FL 32505 US**

Mailing Address  
**P.O BOX 91508  
MOBILE, AL 36691-1508**



01272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**72-0909553**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROBINSON, C. FREDERICK  
3245 WEST FAIRFIELD DR.  
PENSACOLA, FL 32505**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	SD
NAME	ROBINSON, C.F.
STREET ADDRESS	3245 W. FAIRFIELD DR.
CITY-ST-ZIP	PENSACOLA, F
TITLE	PD
NAME	GREENWOOD, LUCIEN DUNCAN
STREET ADDRESS	3751 JOY SPRINGS DR.
CITY-ST-ZIP	MOBILE, AL 36693
TITLE	TD
NAME	COPELAND, J R
STREET ADDRESS	3751 JOY SPRINGS DR.
CITY-ST-ZIP	MOBILE, AL 36693
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000424324  
02/18/06-80044-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #