

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000000077**

1. Entity Name  
**HILL FLORAL PRODUCTS INC.**



Principal Place of Business

**1130 FINDLAY ST.  
CINCINNATI, OH 45214**

Mailing Address

**2117 PEACOCK ROAD  
RICHMOND, IN 47374**



04262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**35-0776238**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	MANN, LINDLEY
STREET ADDRESS	2117 PEACOCK ROAD
CITY-STATE-ZIP	RICHMOND, IN 47374
TITLE	D
NAME	RUNYON, DAVID
STREET ADDRESS	2117 PEACOCK ROAD
CITY-STATE-ZIP	RICHMOND, IN 47374
TITLE	P
NAME	CAMPBELL, TERRY
STREET ADDRESS	2117 PEACOCK ROAD
CITY-STATE-ZIP	RICHMOND, IN 47374
TITLE	ST
NAME	MCFARLAND, THOMAS
STREET ADDRESS	2117 PEACOCK ROAD
CITY-STATE-ZIP	RICHMOND, IN 47374
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000354234  
05/03/05-80098-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Thomas E. McFarland*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/05* *765-973-6613*  
Date Daytime Phone #