


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000000077</b>	
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
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DO NOT WRITE IN THIS SPACE



03072007 No Chg-P CR2E034 (11/05)

4. FEI Number 35-0776238	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MANN, LINDLEY 2117 PEACOCK ROAD RICHMOND, IN 47374
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUNYON, DAVID 2117 PEACOCK ROAD RICHMOND, IN 47374
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANN, LEE 2117 PEACOCK RD. RICHMOND, IN 47374
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCFARLAND, THOMAS 2117 PEACOCK ROAD RICHMOND, IN 47374
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/26/07-80001-005 150.00

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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:** Thomas McFarland Thomas McFarland Sec-Treas. 3/7/07 765-973-6613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #