


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F28936	
1. Entity Name HILL'S SIGNS & SERVICE, INC.	

Principal Place of Business 5765 MANDY LANE TALLAHASSEE, FL 32304	Mailing Address 5765 MANDY LANE TALLAHASSEE, FL 32304
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DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

**SCREWS, BRUCE E
2731 TETON TRAIL
TALLAHASSEE, FL 32303**

DO NOT WRITE
IN THIS SPACE

3. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	110000450387 03/10/06-80005-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SCREWS, BRUCE E. 2731 TETON TRAIL TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCREWS, BOBBY 18147 BLOUNTSTOWN HWY TALLAHASSEE, FL 32310
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  V.P.	2-22-06 (850) 576 6847
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR</small>	<small>Date Date-time Phone #</small>