


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State


DOCUMENT # F99000001425 1. Entity Name HILL PHOENIX, INC.	
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Principal Place of Business 709 SIGMAN RD. CONYERS, GA 30013	Mailing Address 709 SIGMAN RD. CONYERS, GA 30013
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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



03052004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2128804	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YOCUM, JERRY W 2607 N. GRANDVIEW BLVD., STE. 105 WAUKESHA, WI 53188
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COPPOLA, RALPH S 709 SIGMAN RD. CONYERS, GA 30013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C TOLCHER, RAYMOND W 709 SIGMAN ROAD CONYERS, GA 30013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORGANTHALER, LARRY C 709 SIGMAN RD. CONYERS, GA 30013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

000000029388
03/15/04-80091-001 150.00

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:  **3-5-04** **770-285-3167**

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