

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G36088

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: OLIN HILL AND ASSOCIATES, INC.

## Current Principal Place of Business:

2804 DEL PRADO BLVD #107  
P.O. BOX 151346  
CAPE CORAL, FL 33904

## New Principal Place of Business:

## Current Mailing Address:

2804 DEL PRADO BLVD #107  
P.O. BOX 151346  
CAPE CORAL, FL 33904

## New Mailing Address:

FEI Number: 59-2287100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HILL JR, I OLIN  
2804 DEL PRADO BLVD #107  
CAPE CORAL, FL 33904 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: ROTH, GARY M  
Address: 2804 DEL PRADO #107  
City-St-Zip: CAPE CORAL, F 33904

Title: VP ( ) Delete  
Name: HILL, OLIN III  
Address: 2804 DEL PRADO BLVD., #107  
City-St-Zip: CAPE CORAL, FL 33904

Title: VP ( ) Delete  
Name: MORRIS, JOHN W  
Address: 2804 DEL PRADO #107  
City-St-Zip: CAPE CORAL, FL 33904

Title: PS ( ) Delete  
Name: HILL, OLIN JR  
Address: 2804 DEL PRADO # 107  
City-St-Zip: CAPE CORAL, FL 33904

Title: VP ( ) Delete  
Name: HOINES, DEREK  
Address: 2804 DEL PRADO BLVD #107  
City-St-Zip: CAPE CORAL, FL 33904

Title: AS ( ) Delete  
Name: PIFER, JAMEE  
Address: 2804 DEL PRADO BLVD #107  
City-St-Zip: CAPE CORAL, FL 33904

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLIN HILL JR

PRES

01/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date