2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# G36088

Entity Name: OLIN HILL AND ASSOCIATES, INC.

Current Principal Place of Business:

2804 DEL PRADO BLVD #107
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

2804 DEL PRADO BLVD #107
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 III 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: VP ( ) Delete
Name: HOINES, DEREK L
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: PS ( ) Delete
Name: HILL, OLIN JR
Address: 2804 DEL PRADO # 107
City-St-Zip: CAPE CORAL, FL 33904

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: VP ( ) Change (X) Addition
Name: QUROLLO, TIFFANY H
Address: 2804 DEL PRADO BLVD S #107
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify 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: I OLIN HILL III VP 01/22/2009
Electronic Signature of Signing Officer or Director Date