


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**


**DOCUMENT # G63688**  
 1. Entity Name  
 HILL'S QUALITY PLUMBING, INC.



Principal Place of Business  
 608 FERN AVE  
 HOLLY HILL, FL 32117 US

Mailing Address  
 P. O. BOX 250801  
 HOLLY HILL, FL 32125-0801 US

**DO NOT WRITE IN THIS SPACE**



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2354014	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, HORACE, JR.  
 444 SEABREEZE BLVD.  
 DAYTONA BEACH, FL 32118

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DJP HILL, RICHARD L 1242 VINE STREET DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, BARBARA 1242 VINE STREET DAYTONA BEACH, FL 32117
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 04/08/08-80003-016 150.00

**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: *Barbara L. Hill*, Secretary, 03/17/08, 386-255-2082  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #