2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H00470

Entity Name: HILLCREST RESIDENTS, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2346 DRUI LOT 1606 CLEARWA	ID ROAD ATER, FL 33764	4 US		2346 DRUII LOT 1009 CLEARWA	D ROAD TER, FL 33764	US
Current Mailing Address:				New Mailing Address:		
2346 DRUI LOT 1606 CLEARWA	ID ROAD ATER, FL 33764	4 US		2346 DRUII LOT 1009 CLEARWA	D ROAD TER, FL 33764	US
FEI Number:	: 59-2470346	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable () Cer	tificate of Status Desired ()
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address of New	Registered Agent:
PORTER, JOHN 2346 DRUID ROAD LOT 1606 CLEARWATER, FL 33764 US				JONES, PAT 2346 DRUID ROAD LOT 1009 CLEARWATER, FL 33764 US		
	named entity sue of Florida.	ubmits this statement for the	purpose o	f changing it	s registered office	or registered agent, or both,
SIGNATURE: PAT JONES				04/27/2009		
		c Signature of Registered Ac	gent			Date
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () [JONES, PAT 2346 DRUID RO, CLEARWATER,			Title: Name: Address: City-St-Zip:	()Cha	nge () Addition
Title: Name: Address: City-St-Zip:	VP ()[SCOTT, RAY 2346 DRUID RD, CLEARWATER,			Title: Name: Address: City-St-Zip:	()Cha	nge () Addition
Title: Name: Address: City-St-Zip:	S () [GOODRIDGE, JO 2346 DRUID RD, CLEARWATER,	, LOT 1020		Title: Name: Address: City-St-Zip:	()Cha	nge () Addition
Title: Name: Address: City-St-Zip:	T () [PORTER, JOH N 2346 DRUID RO CLEARWATER,	AD, LOT #1606		Title: Name: Address: City-St-Zip:	D (X) Cha PARRISH, SUE 2346 DRUID ROAD, CLEARWATER, FL	
Title: Name: Address: City-St-Zip:	D () I BARR, ROGER 2346 DRUID RD, CLEARWATER,			Title: Name: Address: City-St-Zip:	D (X) Cha HLAWATI, JOHN 2346 DRUID RD, LO CLEARWATER, FL	
Title: Name: Address: City-St-Zip:	D () [LEWIS, WAYNE 2346 DRUID RO			Title: Name: Address: City-St-Zip:	() Cha	nge () Addition

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: PAT JONES PRES 04/27/2009