## 2005 FOR PROFIT CORPORATION

## Apr 27, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # H05873** 04-27-2005 90333 033 \*\*\*150.00 1. Entity Name HILLSBOROUGH MANAGEMENT, INC. Principal Place of Business Mailing Address 14001168 400 N TAMPA ST P.O. BOX 1775 **SUITE 2300** TAMPA, FL 33601 US TAMPA, FL 33602 2. Principal Place of Business 3. Mailing Address 201 E. Kennedy Boulevard Suite, Apt. #, etc. 01062005 Chg-P CR2E034 (10/03) 1608 City & State City & State 4. FEI Number Applied For Tampa, FL 59-2415067 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33602 US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THAYER, STELLA F. Street Address (P.O. Box Number is Not Acceptable) 201 E. Kennedy Boulevard – 400 N TAMPA ST SUITE 2300 Suite 1608 TAMPA, FL 33602 Zip Code 33602 Tampa 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. printed name of registered agent and tiple if applicable. 4/25/05 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1; 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete ☐ Change ☐ Addition NAME THAYER, STELLA F. NAME 201 E. Kennedy Boulevard - Suite 1608 Tampa, Florida 33602 STREET ADDRESS 400 N TAMPA ST SUITE 2300 STREET ADDRESS CITY-ST-ZIF TAMPA, FL 33602 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME THAYER, STELLA F. NAME 201 E. Kennedy Boulevard - Suite 1608 STREET ADDRESS 400 N TAMPA ST SUITE 2300 STREET ADDRESS TAMPA, FL 33602 CITY-ST-ZIP CITY-ST-ZIP Tampa, Florida 33602 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Delete TITLE ☐ Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

City-ST-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STELLA F. Thayer

4/25/05 Date

222-8931 (813)

FILED

Daytime Phone #