2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State
03-01-2005 90080 037 ***150.00

DOCUMENT # H12728

1. Entity Name
HILLS, ECKMAN & DEAN, INC.

Principal Place of Business	Mailing Address
2907 CLUBHOUSE DRIVE PLANT CITY, FL 33567 US	C/O HAROLD ECKMAN 2907 CLUBHOUSE DRIVE PLANT CITY, FL 33567

DO NOT WRITE IN THIS SPACE

01072005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2442772
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ECKMAN, HAROLD
2907 CLUBHOUSE DRIVE
PLANT CITY, FL 33567

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 Harold Eckman 2/24/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HILLS, LAWRENCE L.
STREET ADDRESS	9064 SW 91ST CIRCLE O.K.
CITY-ST-ZIP	OCALA, FL 34481
TITLE	STD
NAME	ECKMAN, HAROLD
STREET ADDRESS	2907 CLUBHOUSE DRIVE
CITY-ST-ZIP	PLANT CITY, FL
TITLE	D
NAME	ECKMAN, HARRIET E.
STREET ADDRESS	2907 CLUBHOUSE DRIVE
CITY-ST-ZIP	PLANT CITY, FL
TITLE	D
NAME	~~HILLS, ELEANOR C.~~
STREET ADDRESS	~~9064 SW 91ST CIRCLE~~ DECEASED
CITY-ST-ZIP	~~OCALA, FL 34481~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: Harold Eckman 2/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STATE OF FLORIDA

ATTACHMENT

200184

OFFICE of VITAL STATISTICS

#4112728

CERTIFIED COPY

Instrument# 2004006610
Page1 of 1
Recorded
12/16/2004 at 02:09 PM
JOSEPH W GILLIAM
GILCHRIST COUNTY
CLERK OF COURT

Deputy Clerk CINDY CHADWICK

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.

DECEDENT

1. DECEDENT'S NAME	FIRST	MIDDLE	LAST	2. SEX
	Eleanor	C	Hills	Female

3. DATE OF DEATH (Month, Day, Year)	4. SOCIAL SECURITY NUMBER	5a. AGE-Last Birthday (years)	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 Day Hours	Minutes
November 29, 2004	086-20-5475	81				

6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)	8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)
August 9, 1923	Burns, NewYork	No

9a. PLACE OF DEATH (Check only one; see instructions on other side): HOSPITAL: Inpatient X; ER/Outpatient; DOA; OTHER; Nursing Home; Residence; Other (Specify)

9b. INSIDE CITY LIMITS? (Yes or No): Yes

9c. FACILITY NAME (If not institution, give street and number)	9d. CITY, TOWN, OR LOCATION OF DEATH	9e. COUNTY OF DEATH
Munroe Regional Medical Center	Ocala	Marion

10a. DECEDENT'S USUAL OCCUPATION	10b. KIND OF BUSINESS/INDUSTRY	11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify))	12. SURVIVING SPOUSE (If wife, give maiden name)
Homemaker	Own home	Married	Lawrence L. Hills

PARENTS

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Florida	Marion	Ocala	9064 SW 91st Circle

13e. INSIDE CITY LIMITS? (Yes or No)	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.)	15. RACE - American Indian, Black, White, etc.	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
				Elementary/Secondary (0 - 12)	College (1-4 or 5+)
No	34481	X No; Yes; Specify	White		4

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
Frank H. Coombs	Agnes C. Karr

19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Lawrence L. Hills	9064 SW 91st Circle, Ocala, Florida 34481

DISPOSITION

20a. METHOD OF DISPOSITION: Burial; X Cremation; Donation; Other (Specify); Removal from State

20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
Florida Cremation Center	Dunnellon, Florida

21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	21b. LICENSE NUMBER (of Licensee)	21c. NAME AND ADDRESS OF FACILITY
Donna Rideout	243	Florida Cremation Society, 1005 S.W. 10th Street, #103, Ocala, Florida 34474

CERTIFIER (To be Completed by CERTIFYING PHYSICIAN Only)

22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) ▶ [signature] MD

22b. DATE SIGNED (Mo., Day, Yr.)	22c. HOUR OF DEATH
11-30-04	11:45 P M

22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

MEDICAL EXAMINER (To be Completed by MEDICAL EXAMINER)

23a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated. (Signature and Title) ▶

23b. DATE SIGNED (Mo., Day, Yr.)	23c. HOUR OF DEATH
	M

23d. MEDICAL EXAMINER'S CASE #

24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print): Richard Qi Li M.D. 13795 SW 36th Ave. Rd. # 4 Ocala, Florida 34473

25a. SUBREGISTRAR - SIGNATURE AND DATE	25b. LOCAL REGISTRAR - SIGNATURE	25c. DATE REGISTERED
▶	▶ Patricia Keene	DEC 01 2004

26. PART II. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock. Approximate Interval

Tony Edmondson
CDR, Marion County

DEC 01 2004

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DOH FORM 1946 (02-04)

FLORIDA DEPARTMENT OF HEALTH

GREAT SEAL OF THE STATE OF FLORIDA — IN GOD WE TRUST

C1510773

CERTIFICATION OF VITAL RECORD