

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H14715

1. Entity Name
HILLSBOROUGH REAL PROPERTY COMPANY, INC.



Principal Place of Business
3935 W. CYPRESS ST.
TAMPA, FL 33607 US

Mailing Address
3935 W. CYPRESS ST
TAMPA, FL 33607 US

FILED

2008 MAY -9 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2497230

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEWITT, LINDSEY
FREEDMANS OFFICE FURNITURE
3935 W. CYPRESS STREET
TAMPA, FL 33607

**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

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, 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	DP FREEDMAN, STEVEN D. 3935 W. CYPRESS STREET TAMPA, FL
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05/23/08--01014--005 **705.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #