2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 8:00 am
Secretary of State
01-24-2007 90047 030 ***158.75

DOCUMENT # H46779

1. Entity Name
HILLCREST HOMES AND DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
1033 E SEMORAN BLVD SUITE 217 CASSELBERRY FL 32707	1033 E SEMORAN BLVD SUITE 217 CASSELBERRY FL 32707

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1033 SR 436	1033 S.R. 436
Suite, Apt. #, etc.: SUITE 217	Suite, Apt. #, etc.: SUITE 217
City & State: CASSELBERRY FL	City & State: CASSELBERRY FL
Zip: 32707 / Country: SEMINOLE	Zip: 32707 / Country: SEMINOLE

4. FEI Number 59-2850329 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of ~~New~~ Registered Agent
GIORDANO, ANTHONY B 1033 SEMORAN BLVD CASSELBERRY FL 32707	Name: GIORDANO ANTHONY B. Street Address (P.O. Box Number is Not Acceptable): 1033 SR 436 SUITE 217 City: CASSELBERRY FL Zip Code: 32707

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] 1/18/07
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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIORDANO, ANTHONY B. 303 LAKE GRIFFIN CIR CASSELBERRY FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STONE, ROBERT L. 1562 ELF STONE DR CASSELBERRY FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 1/18/07 407-260-6848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #