


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J47121</b>	
1. Entity Name <b>HILL ROOFING COMPANY, INC.</b>	

Principal Place of Business <b>C/O HOWARD N HILL 3774 SW 186TH CT. DUNNELLO, FL 34432 US</b>	Mailing Address <b>8 3774 SW 186TH CT DUNNELLO, FL 34432 US</b>
---	--



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2753631</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**HILL, HOWARD N  
3774 SW 186TH CT  
DUNNELLO, FL 34432**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

000000381135  
01/11/06-80041-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, HOWARD 3774 SW 186TH CT. DUNNELLO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HILL, TERRI 3774 SW 186TH CT. DUNNELLO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, JUSTIN 3774 SW 186TH CT DUNNELLO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEHLE, ROBERT 3774 SW 186TH CT DUNNELLO, FL 34432
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 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:**

*Howard N. Hill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-08.06 352-427-2661*

Date

Daytime Phone #