2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J66068

FILED Jan 30, 2008 Secretary of State

Entity Nan	ne: DELEON S	SPRINGS HILLTOP, INC.					
Current Principal Place of Business:			New Prin	New Principal Place of Business:			
3 PELICAN EDGEWAT	I LANE ER, FL 32141	US					
Current Mailing Address:			New Mail	New Mailing Address:			
3 PELICAN EDGEWAT	ILANE ER, FL 32141	US					
FEI Number:	59-2792867	FEI Number Applied For (FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and	urrent Registered Agen	t: Name and	Name and Address of New Registered Agent:				
3 PELICAN	S. MURPHY I LANE ER, FL 32141	US					
The above in the State	named entity so of Florida.	ubmits this statement for	the purpose of changing	its register	ed office or registered agent, or both,		
SIGNATUR	RE:						
	Electroni	c Signature of Registered	l Agent		Date		
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS	ORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PTSD () I MURPHY, CHAR 3 PELICAN LANE EDGEWATER, F	=	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () I MOORE, PATRIC POB 733 DE LEON SPRIN		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	D () I ALLINSON, SANI 1715 TWIN OAK DELAND, FL 32	S DR	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title:	D ()I	Delete	Title:	D	(X) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

MURPHY, CHARLES O

19104 LIME STONE COURT

NEW SMYRNA BEACH, FL 32168

SIGNATURE: CHARLES S. MURPHY **PTSD** 01/30/2008

MURPHY, CHARLES O

5467 CARMODY LAKE DR

PORT ORANGE, FL 32128

Name:

Address:

City-St-Zip: