


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90041 022 ***150.00

DOCUMENT # K30526
 1. Entity Name
 HILLIER & ASSOCIATES, P.A.



Principal Place of Business Mailing Address
 % DENNIS W. HILLIER
 4800 N. FEDERAL HWY., SUITE 300B
 BOCA RATON, FL 33431 % DENNIS W. HILLIER
 4800 N. FEDERAL HWY., SUITE 300B
 BOCA RATON, FL 33431

94041010



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

03172004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0063129 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

HILLIER, DENNIS W.
 4800 N. FEDERAL HWY., SUITE 300B
 BOCA RATON, FL 33431

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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, 2004 Fee will be \$550.00

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	VPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOND, JOAN K			NAME			
STREET ADDRESS	4800 N. FEDERAL HWY., SUITE 300B			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33431			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIM, MICHAEL P			NAME			
STREET ADDRESS	4800 N. FEDERAL HWY., SUITE 300B			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33431			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HILLIER, DENNISE W			NAME	<i>Please correct spelling of first name, should be DENNIS</i>		
STREET ADDRESS	4800 N. FEDERAL HWY., SUITE 300B			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33431			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EVESON III, RICHARD E			NAME			
STREET ADDRESS	4800 N FEDERAL HWY SUITE 300 B			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33431			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Joan K. Bond 3/17/04 561-367-0430
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #