


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90134 005 ***150.00

DOCUMENT # K30526 1. Entity Name HILLIER & ASSOCIATES, P.A.					
Principal Place of Business % DENNIS W. HILLIER 4800 N. FEDERAL HWY., SUITE 300B BOCA RATON, FL 33431			Mailing Address % DENNIS W. HILLIER 4800 N. FEDERAL HWY., SUITE 300B BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box # 282 Fern Palm Rd Suite, Apt. #, etc.		3. Mailing Address 282 Fern Palm Rd Suite, Apt. #, etc.			
City & State Boca Raton, FL Zip 33432		City & State Boca Raton, FL Zip 33432		4. FEI Number 65-0063129 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04032008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent HILLIER, DENNIS W. 4800 N. FEDERAL HWY., SUITE 300B BOCA RATON, FL 33431			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VPS BOND, JOAN K 4800 N. FEDERAL HWY., SUITE 300B BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILLIER, DENNIS W 4800 N. FEDERAL HWY., SUITE 300B BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Joan K. Bond</u> <u>Joan K. Bond</u> <u>4/22/2008</u> <u>561-985-7660</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					