


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90490 021 ***150.00

DOCUMENT # K59502	
1. Entity Name D & E HILL INC.	

Principal Place of Business 5330 CHERRY WOOD DR. NAPLES, FL 34119 US	Mailing Address P O BOX 12194 NAPLES, FL 34101-2194 US
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2. Principal Place of Business 5330 Cherry Wood Dr.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Naples, FL	City & State
Zip 34119 Country USA	Zip Country



04262005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0112133

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent HILL, DAVID C/O HAYES & GALATI, PA 985 8TH AVE SW NAPLES, FL 34102	7. Name and Address of New Registered Agent Name David Hill Street Address (P.O. Box Number is Not Acceptable) 5330 Cherry Wood Dr City Naples FL Zip Code 34119
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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 **X David J. Hill** (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 NAME STREET ADDRESS CITY - ST - ZIP	PTD HILL, DAVID J. 985 8TH AVENUE S NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5330 Cherry Wood Dr Naples, FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HILL, EDWARD J. 985 8TH AVENUE S NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5330 Cherry Wood Dr Naples, FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 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: **X David J. Hill** **David Hill, President** **4/21/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #