


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L31886 1. Entity Name HILLCO, INC.	
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Principal Place of Business 7125 DEER POINT LANE WEST PALM BEACH, FL 33411 US	Mailing Address 7125 DEER POINT LANE WEST PALM BEACH, FL 33411 US
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0160447	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

COHEN, TOBY
7125 DEER POINT LANE
W PALM BEACH, FL 33411

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COHEN, TOBY 7125 DEER POINT LANE WEST PALM BEACH, FL 33411
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U00000001304
01/12/04-80002-013 150.00

U00000001304
01/12/04-80002-013 300.00

DO NOT WRITE IN THIS SPACE

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: Toby Cohen 1/5/04 561 346-8559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone #