


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M97963</b> 1. Entity Name HILLVIEW PARK, INC.	
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Principal Place of Business 3040 GRAND BAY STE 245 LONGBOAT KEY, FL 34228 US	Mailing Address 46 N. WASHINGTON BLVD. #1 SARASOTA, FL 34236 US
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02212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0070754	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

LPS CORPORATE SERVICES, INC.  
46 N. WASHINGTON BLVD.  
#1  
SARASOTA, FL 34236

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HOWARD, FRED 4911 WOODCLIFF HILL ROAD WEST BLOOMFIELD, MI 48323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HOWARD, LOIS 4911 WOODCLIFF HILL ROAD WEST BLOOMFIELD, MI 48323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOWARD, BARRY 4911 WOODCLIFF HILL ROAD WEST BLOOMFIELD, MI 48323
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03/27/07-80007-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Fred Howard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President*

*3/12/07*

*941-3834905*

Date

Daytime Phone #

Fred Howard, President