ANNUAL REPORT

DOCUMENT # P00000017510

1. Entity Name

HILLMAN - HILLMAN AND ASSOCIATES, INC.



FILED Mar 29, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

133 WEST BALDWIN RD. PANAMA CITY, FL 32405 133 WEST BALDWIN RD. PANAMA CITY, FL 32405



DO NOT WRITE IN THIS SPACE

03242007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3636778

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILLMAN, JEAN 133 WEST BALDWIN RD. PANAMA CITY, FL 32405 DO NOT WRITE
IN THIS SPACE

			S. PASSES	Company Profession	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered			jistered Agent signature	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		CTORS	172774 36 170		
NAME STREET ADDRESS CITY-ST-ZIP	P HILLMAN, JEAN 133 W. BALDWIN RD. PANAMA CITY, FL 32405				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000692012 04/04/07-80069-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-01

950-785-060

Daytime Phone #