


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000037238	
1. Entity Name J. & A. HILLSBOROUGH, INC.	

Principal Place of Business 670 ISLAND WAY #505 CLEARWATER, FL 33767	Mailing Address 670 ISLAND WAY # 505 CLEARWATER, FL 33767
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3654929	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, ERNESTO
670 ISLAND WAY #505
CLEARWATER, FL 33767**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	D GONZALEZ, ERNESTO 670 ISLAND WAY CLEARWATER, FL 33767
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03/30/06-80014-005 150.00

**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: *Ernesto Gonzalez* 3/15/06 727-692-4220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #