


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000037443</b> 1. Entity Name HILL-CARSWELL PROPERTIES, INC.	
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Principal Place of Business 6875 RHODE ISLAND DRIVE EAST JACKSONVILLE, FL 32209	Mailing Address POST OFFICE BOX 43657 JACKSONVILLE, FL 32203
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04282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3639520	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>XST</b>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
HILL, WALTER L  
6875 RHODE ISLAND DRIVE EAST  
JACKSONVILLE, FL 32209

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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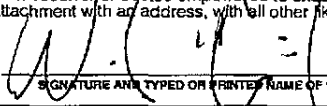
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HILL, WALTER L 6875 RHODE ISLAND DRIVE EAST JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CARSWELL, DORTHEA R 5826 CLEVELAND ROAD JACKSONVILLE, FL 32209
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05/02/05-80063-018 158.75

**DO NOT WRITE  
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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:**  **WALTER L. HILL** 04-29-05 904-766-3450

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