

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000054315

1. Entity Name

VIRGINIA LANE HILL, P.A.



Principal Place of Business
585 SE CENTRAL PARKWAY
STUART FL 34994

Mailing Address
PO BOX 3150
STUART FL 34995



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-1018259

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANE HILL, VIRGINIA
585 SE CENTRAL PARKWAY
STUART FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Virginia L. Hill VIRGINIA L. HILL, PRESIDENT 1/25/07
Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME P LANE HILL, VIRGINIA ☐ Delete
STREET ADDRESS PO BOX 3150
CITY-ST-ZIP STUART FL 34995

TITLE NAME ☐ Change ☐ Add
STREET ADDRESS 000000609178
CITY-ST-ZIP 02/01/07-80040-010 150.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Virginia L. Hill VIRGINIA L. HILL, PRESIDENT 1/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone