## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 12, 2004 08:00 AM Secretary of State

Daytime Phone #

				ك مستد ك	Secret	ary oi State
DOCUMENT # P0100001670  1. Entity Name JOANNE HILLER & ASSOCIATES OF ISLAND ESTATES, INC.						ary or since
		Mailing Address 312 WINDWARD ISLAND CLEARWATER, FL 33767				
D	O NOT WRITE I	CE	02122004 No Chg-P CR2E034 (10/03)  4. FEI Number			
HILLER, JOANNE M 312 WINDWARD ISLAND 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  Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent algorithms depend when renstating).  DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				.00 May Be led to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRI DPV HILLER, JOANNE M 312 WINDWARD ISLAND CLEARWATER, FL 33767	ECTORS			- U000001098 04/12/04-8009	347 59-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE MAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		DO N	OT WRIT	ΓE
TITLE NAME STREET ADDRESS CITY-SY-ZIP		12.55 		IN TI	HIS SPAC	<b>E</b>
Title Name Street Adoress Gity-St-Zip		·····································				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						Control of the Contro
12. I hereby of indicated of the corchanged.	certify that the information supplied with this in this report or supplemental report is true receiver or trustee empower, or on an attachment with an address, with	filing does not qualify for the exe e and accurate and that my signs ed to execute this report as requ all other like empowered.	emption stated in Seture shall have the ired by Chapter 607	ection 119,07(3)(i), F same legal effect as 7, Florida Statutes; a	forida Statutes, I further if made under oath; tha ind that my name appear	certify that the information it I am an officer or director is in Block 10 or Block 11 if

SUGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR