

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000019680

Entity Name: HILLARD CONSULTING GROUP, INC.

FILED
Mar 05, 2005
Secretary of State

Current Principal Place of Business:

6125 13TH AVE. SOUTH
GOLFPORT, FL 33707

New Principal Place of Business:

500 TRINITY LANE
#2307
ST. PETERSBURG, FL 33716

Current Mailing Address:

6125 13TH AVE. SOUTH
GOLFPORT, FL 33707

New Mailing Address:

500 TRINITY LANE
#2307
ST. PETERSBURG, FL 33716

FEI Number: 65-1080006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLARD, BEN
6125 13TH AVE SOUTH
SAINT PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

HILLARD, BENJAMIN E DPT
500 TRINITY LANE
#2307
SAINT PETERSBURG, FL 33716 US

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.

SIGNATURE: BENJAMIN E. HILLARD

03/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: HILLARD, BEN
Address: 6125 13TH AE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: DS () Delete
Name: HILLARD, TAMBRA
Address: 6125 13TH AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: HILLARD, BENJAMIN E DPT
Address: 500 TRINITY LANE
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: DS (X) Change () Addition
Name: HILLARD, TAMBRA
Address: 500 TRINITY LANE
City-St-Zip: SAINT PETERSBURG, FL 33716

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN E. HILLARD

DPT

03/05/2005

Electronic Signature of Signing Officer or Director

Date