

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90393 008 ***150.00

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1. Entity Name
HILLARD CONSULTING GROUP, INC.



Principal Place of Business
11068 91ST TERRACE
SEMINOLE, FL 33772

Mailing Address
11068 91ST TERRACE
SEMINOLE, FL 33772

2. Principal Place of Business
13191 Starkey Road
Suite, Apt. #, etc.
Suite 6A

3. Mailing Address
P.O. Box 7358
Suite, Apt. #, etc.

City & State
Largo, FL

City & State
Seminole, FL

Zip
33773 Country
USA

Zip
33775 Country
USA

04212006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1080006

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Benjamin E Hillard DPT
Street Address (P.O. Box Number is Not Acceptable)
13191 Starkey Rd, Suite 6A
City Largo FL Zip Code 33773

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]

Benjamin Hillard DPT

4/21/06

(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, 2006 Fee will be \$550.00

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME HILLARD, BENJAMIN E DPT ☐ Delete
STREET ADDRESS 500 TRINITY LANE
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE DS
NAME HILLARD, TAMBRA ☐ Delete
STREET ADDRESS 500 TRINITY LANE
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☒ Change ☐ Addition
NAME Benjamin E Hillard
STREET ADDRESS 11068 91st Terrace
CITY-ST-ZIP Seminole, FL 33772

TITLE DS ☒ Change ☐ Addition
NAME TAMBRA HILLARD
STREET ADDRESS 11068 91st Terrace
CITY-ST-ZIP Seminole, FL 33772

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

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

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

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Benjamin Hillard

4/21/06

(727) 424-8872

Date

Daytime Phone #