

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2004 8:00 am
Secretary of State

07-30-2004 90009 038 ***150.00

DOCUMENT # P02000000362

1. Entity Name

DANNY HILL INC.



Principal Place of Business

**4485 WHISPERING INLET DR.
JACKSONVILLE FL 32277**

Mailing Address

**4485 WHISPERING INLET DR.
JACKSONVILLE FL 32277**

66432167



MOORE CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **002715316**
~~26-0016777~~

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

**HILL, PATTI
4485 WHISPERING INLET DR.
JACKSONVILLE FL 32277**

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 **Danny Hill**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/27/04

DATE

**FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004!
Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

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	PD	<input type="checkbox"/> Delete
NAME	HILL, DANNY	
STREET ADDRESS	4485 WHISPERING INLET DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HILL, PATRICIA	
STREET ADDRESS	4485 WHISPERING INLET DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32277	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Danny Hill**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/04

Date

904-629-0809

Daytime Phone #