

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000025762

FILED
Apr 28, 2004
Secretary of State

Entity Name: HILLIARD LAND GROUP, INC.

Current Principal Place of Business:

4025 LIVINGSTON ROAD
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

PO BOX 16952
JACKSONVILLE, FL 322456952

New Mailing Address:

FEI Number: 03-0416202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLIARD, STANLEY
4025 LIVINGSTON ROAD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

CREGO, DEBBIE
PO BOX 16952
JACKSONVILLE, FL 32216 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: DEBBIE CREGO

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HILLIARD, THOMAS
Address: 4025 LIVINGSTON ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: DVST () Delete
Name: HILLIARD, STANLEY
Address: 4025 LIVINGSTON ROAD
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS HILLIARD

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

Date