

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000031309

1. Entity Name
HILL TRI-HY-RET, INC.



Principal Place of Business
2650 S. MELLONVILLE AVENUE
SANFORD, FL 32773

Mailing Address
2650 S. MELLONVILLE AVENUE
SANFORD, FL 32773

DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3648936

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

ROTH, LARRY M
399 CAROLINA AVENUE
#100
WINTER PARK, FL FL327-89

**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 signature required when reinstating)

DATE _____

FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME ROTH, JERRY S
STREET ADDRESS 2650 S. MELLONVILLE AVENUE
CITY-ST-ZIP SANFORD, FL 32773

TITLE D
NAME ROTH, SUSAN G
STREET ADDRESS 2650 S. MELLONVILLE AVENUE
CITY-ST-ZIP SANFORD, FL 32773

TITLE D
NAME ROTH, LARRY M
STREET ADDRESS 399 CAROLINA VE. #100
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000329512
04/25/05-80123-004 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #