

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90338 040 ***150.00

DOCUMENT # P02000049846

1. Entity Name

LAURIE HILL, INC.



Principal Place of Business

Mailing Address

3948 ASCOT LANE
FT. MYERS FL 33919

3948 ASCOT LANE
FT. MYERS FL 33919

2. Principal Place of Business

2797 1st Street

Suite, Apt. #, etc.

503

City & State

Ft. Myers, FL

Zip

33916

Country

USA

3. Mailing Address

2797 1st Street

Suite, Apt. #, etc.

503

City & State

Ft. Myers, FL

Zip

33916

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

01-0671889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILL, LAURIE
3948 ASCOT LANE
FT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

HILL, LAURIE

Street Address (P.O. Box Number is Not Acceptable)

2797 1st Street, # 503

City

Ft. Myers

FL

Zip Code

33916

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

Laurie Hill

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

(NOTE: Registered Agent signature required when reinstating)

4/14/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
HILL, LAURIE
3948 ASCOT LANE
FT MYERS FL 33919

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Laurie Hill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05

Date

239-671-4679

Daytime Phone #