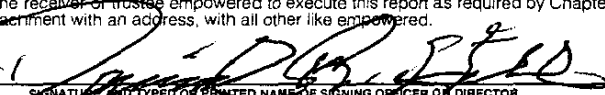


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90289 031 ***150.00

DOCUMENT # P02000052649 1. Entity Name DAVE HILL REAL ESTATE, INC.					
Principal Place of Business 31075 CORTEZ BLVD BROOKSVILLE, FL 34602			Mailing Address 31075 CORTEZ BLVD BROOKSVILLE, FL 34602		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03012004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-2594215	
Zip		Country		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	
A1A CORPORATE SERVICES INC. 92 SADBERRY ROAD QUINCY, FL 32351-0000				Name David R. Hill Street Address (P.O. Box Number is Not Acceptable) 31075 Cortez Blvd. City Brooksville FL Zip Code 34602	
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, 2004 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	D HILL, DAVE R 31075 CORTEZ BLVD BROOKSVILLE, FL 34602 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hill, David R. 31075 Cortez Blvd Brooksville, FL 34602 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HILL, DAVE R 31075 CORTEZ BLVD BROOKSVILLE, FL 34602 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Hill, David R. 31075 Cortez Blvd. Brooksville, FL 34602 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			4/8/04 352-7916-7284 Date Daytime Phone #		