

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90376 042 ***158.75

DOCUMENT # P03000016378 1. Entity Name HILL QUALITY PROPERTY MANAGEMENT CORP.			
Principal Place of Business 4244 MAGGIORE WAY WEST PALM BEACH, FL 33409		Mailing Address 4244 MAGGIORE WAY WEST PALM BEACH, FL 33409	
2. Principal Place of Business 2371 Aztec Dr. W Suite, Apt. #, etc.		3. Mailing Address 2371 Aztec Dr. W. Suite, Apt. #, etc.	
City & State Jacksonville, FL Zip 32246		City & State Jacksonville, FL Zip 32246	
Country FL		Country FL	
4. FEI Number 02-0587137		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANIEL, KENWIN 4244 MAGGIORE WAY WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name LEVONDA HILL Street Address (P.O. Box Number is Not Acceptable) 2371 AZTEC DR. West City JACKSONVILLE FL Zip Code 32246	
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 <u><i>Levondia Hill</i></u> DATE <u>4/30/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	Vice President KENWIN DANIEL 4244 MAGGIORE WAY W.P.B., FL 33409 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Yvette Hill - Vice Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2371 AZTEC DR. W. JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IKKesh Hicks, Vice Pres. <input checked="" type="checkbox"/> Delete 4244 MAGGIORE W. W.P.B., FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President LEVONDA HILL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2371 AZTEC DR. W. JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice. Pres. MANDACE HICKS <input checked="" type="checkbox"/> Delete 4244 MAGGIORE WAY W.P.B., FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President LEVONDA HILL <input type="checkbox"/> Delete 2371 AZTEC DR. W JACKSONVILLE, FL 32246	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Levondia Hill</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/30/04</u> Daytime Phone # <u>904-221-9615</u>	