

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000098936

1. Entity Name  
HILL MORTGAGE CONSULTING, INC.



FILED

04 OCT -4 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1221 - G6 COMMERCIAL PARK DR.  
TALLAHASSEE, FL 32303

Mailing Address  
1221 - G6 COMMERCIAL PARK DR.  
TALLAHASSEE, FL 32303

2. Principal Place of Business  
Jay Hill Office  
Suite G6

3. Mailing Address  
1221 Commercial Park Dr  
G6

09272004 Chg-P CR2E034 (10/03)

City & State  
Tallahassee FL  
Zip  
32303  
Country  
Leon

City & State  
Tallahassee FL  
Zip  
32303  
Country  
Leon

4. FEI Number  
80-0075620  
Applied For  
Not Applicable

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

HILL, JAY  
2405 IDYLIC CT.  
TALLAHASSEE, FL 32303

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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 *Jay Hill*  
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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HILL, JAY  
1221 - G6 COMMERCIAL PARK DR.  
TALLAHASSEE, FL 32303 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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800041570305  
10/04/04--01035--013 \*\*150.00 ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/2/04 8505285658