


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90047 028 ***150.00

DOCUMENT # P03000148277					
1. Entity Name RICHARD & DORIS HILTON, P.A.					
Principal Place of Business 4034 QUAIL RIDGE DRIVE BOYNTON BEACH, FL 33436		Mailing Address 4034 QUAIL RIDGE DRIVE BOYNTON BEACH, FL 33436			
*New 2. Principal Place of Business 40 Medalist Lane Suite, Apt. #, etc.		*New 3. Mailing Address 40 Medalist Lane Suite, Apt. #, etc.			
City & State Rotunda West, FL		City & State Rotunda West, FL		4. FEI Number 20-0484833	
Zip 33947		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HILTON, RICHARD 4034 QUAIL RIDGE DRIVE BOYNTON BEACH, FL 33436			*New Name Street Address (P.O. Box Number is Not Acceptable) 40 Medalist Lane City Rotunda West FL Zip Code 33947		
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 <i>Richard Hilton</i>		RICHARD HILTON		2/6/04	
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	D HILTON, RICHARD 4034 QUAIL RIDGE DRIVE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 40 Medalist Lane Rotunda West, FL 33947
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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: <i>Richard Hilton</i>		RICHARD HILTON		2/6/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 941-697-3716	



02032004 Chg-P CR2E034 (10/03)