


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90070 029 ***150.00

DOCUMENT # P03000148815	
1. Entity Name HILL'S CONCRETE INC.	

Principal Place of Business 768 RIDGE RD EAST POINT, FL 32328	Mailing Address 768 RIDGE RD EAST POINT, FL 32328
---	---

60010996

2. Principal Place of Business 46886 SW State Rd 65 Suite, Apt. #, etc.	3. Mailing Address 46886 Southwest State Rd 65 Suite, Apt. #, etc.
--	---



01232006 Chg-P CR2E034 (11/05)

City & State Bristol, FL	City & State Bristol, FL
Zip 32321	Zip 32321
Country	Country

4. FEI Number 41-2119128	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

6. Name and Address of Current Registered Agent HILL, BILLY R 768 RIDGE RD EAST POINT, FL 32328	
---	--

7. Name and Address of New Registered Agent Name Sheila A Shiver Street Address (P.O. Box Number is Not Acceptable) 46886 SW State Rd 65 City Bristol FL 32321	
--	--

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 Sheila Shiver DATE 1-24-06 <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, 2006 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	P SHIVER, SHEILA 768 RIDGE RD EAST POINT, FL 32328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 46886 SW State Rd 65 Bristol, FL 32321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOWELL, THEUS J 768 RIDGE RD EAST POINT, FL 32328 <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	T HILL, BILLY R III 768 RIDGE RD EAST POINT, FL 32328 <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
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 exemptions contained in Chapter 119, 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: Billy R. Hill <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date _____ Daytime Phone # _____
--	-------------------------------------