## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000019640

Entity Name: SEVEN HILLS CAPITAL MANAGEMENT, INC.

FILED Sep 12, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

250 JOHN KNOX ROAD 126 SOUTH SHORE DRIVE

STE 8 UNIT 37

TALLAHASSEE, FL 32303 MIRAMAR BEACH, FL 32550

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 3971

TALLAHASSEE, FL 32315

FEI Number: 20-0664248 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC. 515 E. PARK AVE TALLAHASSEE, FL 32301 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Title:

Name:

Address:

City-St-Zip:

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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

126 SOUTH SHORE DRIVE UNIT 37

MIRAMAR BEACH, FL 32550

(X) Change ( ) Addition

Title: **PVTS** () Delete

BISHOP, GARY R Name:

3219 THOMASVILLE ROAD UNIT 1B Address:

City-St-Zip: TALLAHASSEE, FL 32308

Title: () Delete BISHOP, GARY R

Name:

3219 THOMASVILLE ROAD UNIT 1B Address: TALLAHASSEE, FL 32308 City-St-Zip:

Title: (X) Change ( ) Addition BISHOP, GARY R Name:

BISHOP, GARY R

**PVTS** 

Address: 126 SOUTH SHORE DRIVE UNIT 37 MIRAMAR BEACH, FL 32550 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY R. BISHOP **PVTS** 09/12/2007