2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P04000051629 1. Entity Name HILLIS DEVELOPMENT, INC.						05-02-2005 9	90535 0:	35 ***1 <i>5</i> 0	.00
Principal Place of Business 8101 31ST AVE N ST PETERSBURG, FL 33710 US		Mailing Address 8101 31ST AVE N ST PETERSBURG, FL 33710		us			· · · · · · · · · · · · · · · · · · ·		16266
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222005	Chg-P	CR2E	34 (10/03)		
City & State		City & State		······································	4. FELNumbe	74459	72	J	plied For t Applicable
Zip	Country	Zíp	Count	try	1	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R	legistered	Agent	
HETZEL, TARA 9 100 9TH ST N #403 ST.PETERSBURG, FL 33702				Name Sirger Address	(19.9. Box Numpe	y is Not Acceptable	y 1	9 N	9// 5
				Pain	~ Hay	bor	FL	. 3	168
	named entity submits this statement fi tions of registered agent.	or the purpose of changing its	s registere	ed office or regist	ered agent, or bot	h, in the State of Flo	orida. Iam	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered ager	it and title if applicable. (NOT	E: Registered	d Agent signatura requir	ed when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Campa .00 Trust Fund Con			5.00 May Be ided to Fees		_		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTOR	5 IN 11
TITLE	P	☐ Delete	THTLE	E				☐ Change	☐ Addition
NAME	HILLIS, STEPHEN		NAM	1					
STREET ADDRESS CITY-ST-ZIP	RET ADDRESS 8101 31ST AVE N NY-ST-ZIP ST PETERSBURG, FL 33710			ET ADDRESS -ST-ZIP					
TITLE	VP	☐ Detete	TITUE					☐ Change	Addition
NAME	RHODES, DAWN	CT Désign	NAMI					CT (vierbe	L. Acostics
STREET ADDRESS	8101 31ST AVE N		STRE	ET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG, FL 33710	····	CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE	F				Change	Addition
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		_ Deliae	NAME	E				- •	
STREET ADDRESS CITY-ST-ZIP			NAME STRE	E ET ADDRESS					
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I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Horida Statutes. I further certify that the information indicated on this report or supplied the true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of 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:

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-344-2492 Daystma Phone #