2008 FOR PROFIT CORPORATION

FILED Apr 21, 2008 08:00 A **ANNUAL REPORT**

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DOCUMENT # P 1. Entity Name WILLIAM R HILL CPA F	PA					Seci	etary of Stat	
Principal Place of Business 500 5 AVE SO STE 522 NAPLES, FL 34102	:	lailing Address 500 5 AVE SO STE 522 NAPLES, FL 34102	. •	,	1) 49 111 8 124 8 4111 88 112 88 1			
	_	N THIS SPA	CE	01212008 4. FEI Numb 13-427	No Chg-P		Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and A HILL, WILLIAM R 500 5 AVE SO STE 522 NAPLES, FL 34102	DO NOT WRITE IN THIS SPACE							
8. The above named entity submit the obligations of registered as SIGNATURE. Signature, typed or printed FILE NOW!!! FEE After May 1, 2008 Fee	name of registered agent and little		ad Agent signature required	· .		DATE		
TITLE PD HILL, WILLIAM F SIREET ADDRESS CITY-ST-ZIP NAPLES, FL 34	OFFICERS AND DIRECT	CTORS			U000 05/06/1	100:30) 38–80	3831-015 150.00	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	;			DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS					. &			

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR