## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000061435

Entity Name: ELIZABETH B HILL LCSW, INC.

**FILED** Mar 25, 2009 Secretary of State

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

1009 SHERRYWOOD STREET 631 PALM SPRINGS DRIVE 107

FERN PARK, FL 32730

ALTAMONTE SPRINGS, FL 32701

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

631 PALM SPRINGS DR 631 PALM SPRINGS DRIVE

STE 107

ALTAMONTE SPRINGS, FL 32701 US ALTAMONTE SPRINGS, FL 32701

FEI Number: 20-0991737 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:

PROFESSIONAL ACCOUNTANTS & CONSULTANTS, INC

2471 E SEMORAN BLVD APOPKA, FL 32703

TAX CARE, INC. 2471 E SEMORAN BLVD APOPKA, FL 32703

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: MOISES 03/25/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete () Change () Addition

HILL, ELIZABETH B Name: Name: 1009 SHERRYWOOD STREET Address: Address: City-St-Zip: FERN PARK, FL 32730 US 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: ELIZABETH B. HILL 03/25/2009 D