

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000151185 1. Entity Name HILLCREST, INC.																																																																																																																																			
Principal Place of Business 163 MAGNOLIA WAY TEQUESTA FL 33469			Mailing Address 163 MAGNOLIA WAY TEQUESTA FL 33469																																																																																																																																
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State																																																																																																																																	
Zip	Country	Zip	4. FEI Number 20-1826333		Applied For Not Applicable																																																																																																																														
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required																																																																																																																																
6. Name and Address of Current Registered Agent KUMP, FERDINAND 163 MAGNOLIA WAY TEQUESTA FL 33469			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																
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 _____ DATE _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when certifying)																																																																																																																																
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">D ☐ Delete</td> <td style="width: 30%;"></td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">U00000524240 ☐ Change ☐ Addition</td> <td style="width: 30%;"></td> </tr> <tr> <td>NAME</td> <td>KUMP, FERDINAND B</td> <td></td> <td>NAME</td> <td>05/03/06-80103-025 150.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>163 MAGNOLIA WAY</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TEQUESTA FL 33469</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D ☐ Delete</td> <td></td> <td>TITLE</td> <td>☐ Change ☐ Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td>SPEE, CINDY C</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>163 MAGNOLIA WAY</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TEQUESTA FL 33469</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>☐ Delete</td> <td></td> <td>TITLE</td> <td>☐ Change ☐ Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>☐ Delete</td> <td></td> <td>TITLE</td> <td>☐ Change ☐ Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>☐ Delete</td> <td></td> <td>TITLE</td> <td>☐ Change ☐ Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D ☐ Delete		TITLE	U00000524240 ☐ Change ☐ Addition		NAME	KUMP, FERDINAND B		NAME	05/03/06-80103-025 150.00		STREET ADDRESS	163 MAGNOLIA WAY		STREET ADDRESS			CITY-ST-ZIP	TEQUESTA FL 33469		CITY-ST-ZIP			TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition		NAME	SPEE, CINDY C		NAME			STREET ADDRESS	163 MAGNOLIA WAY		STREET ADDRESS			CITY-ST-ZIP	TEQUESTA FL 33469		CITY-ST-ZIP			TITLE	☐ Delete		TITLE	☐ Change ☐ Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	☐ Delete		TITLE	☐ Change ☐ Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	☐ Delete		TITLE	☐ Change ☐ Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____

BREWSTER KUMP

6/14/06

54 310 9977