

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000034135

1. Entity Name
E.L. HILL AUTO TRANSPORT, INC.



Principal Place of Business
1796 NORTH PIONEER ROAD
AVON PARK, FL 33825 US

Mailing Address
1796 NORTH PIONEER ROAD
AVON PARK, FL 33825 US

FILED

07 JUL 24 AM 8:10

05-14-07 01074 001 \$3,972.50 - \$150.00



07112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2434426

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, EDDIE L SR.
1796 NORTH PIONEER ROAD
AVON PARK, FL 33825

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME HILL, EDDIE L SR.
STREET ADDRESS 1796 NORTH PIONEER ROAD
CITY-ST-ZIP AVON PARK, FL 33825

TITLE VP
NAME HILL, EDDIE L SR.
STREET ADDRESS 1796 NORTH PIONEER ROAD
CITY-ST-ZIP AVON PARK, FL 33825

TITLE S
NAME HILL, EDDIE L SR.
STREET ADDRESS 1796 NORTH PIONEER ROAD
CITY-ST-ZIP AVON PARK, FL 33825

TITLE T
NAME HILL, EDDIE L SR.
STREET ADDRESS 1796 NORTH PIONEER ROAD
CITY-ST-ZIP AVON PARK, FL 33825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

7/24

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/07 8034520101