

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90330 008 \*\*\*150.00

**DOCUMENT # P05000073930**

1. Entity Name  
VIRGINIA HILEMAN, P.A.



Principal Place of Business

6100 NE 7TH AVE  
APT. 14  
BOCA RATON, FL 33487

Mailing Address

6100 NE 7TH AVE  
APT. 14  
BOCA RATON, FL 33487

**50010419**



2. Principal Place of Business

1115 LAKESHORE DRIVE

3. Mailing Address

1115 LAKESHORE DRIVE

Suite, Apt. #, etc.

SUITE 204

Suite, Apt. #, etc.

SUITE 204

04062006

Chg-P

CR2E034 (11/05)

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH FL

4. FEI Number

20-2894050

Applied For

Not Applicable

Zip

33403

Country

USA

Zip

33403

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HILEMAN, VIRGINIA  
6100 NE 7TH AVE  
APT. 14  
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name  
Hileman, Virginia

Street Address (P.O. Box Number is Not Acceptable)

1115 LAKE SHORE DRIVE

SUITE 204

City

WEST PALM BEACH

FL

Zip Code

33403

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: Virginia Hileman Virginia Hileman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/08/06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME HILEMAN, VIRGINIA  
STREET ADDRESS 6100 NE 7TH AVE, APT. 14  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME Hileman, Virginia  
STREET ADDRESS 1115 LAKE SHORE DRIVE SUITE 204  
CITY-ST-ZIP WEST PALM BEACH, FL 33403

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Virginia Hileman Virginia Hileman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/2006 561-703-6572

Date

Daytime Phone #