

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90127 011 ***150.00

DOCUMENT # P05000073930

1. Entity Name

VIRGINIA HILEMAN, P.A.



Principal Place of Business

1115 LAKE SHORE DR
STE 204
WEST PALM BEACH FL 33403

Mailing Address

1115 LAKE SHORE DR
STE 204
WEST PALM BEACH FL 33403

2. Principal Place of Business - No P.O. Box #

14721 BONAIRE BLVD

3. Mailing Address

14721 BONAIRE BLVD

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

106

City & State

Delray Beach FL

City & State

Delray Beach FL

Zip

33446

Country

Palm Beach

Zip

33446

Country

Palm Beach

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-2896050

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILEMAN, VIRGINIA
1115 LAKE SHORE DR
STE 204
WEST PALM BEACH FL 33403

7. Name and Address of New Registered Agent

Name

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

14721 BONAIRE BLVD

STE 106

City

Delray Beach

FL

Zip Code

33446

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 PA

Virginia Hileman President

4/17/08

Signature, typed or printed name of registered agent and the corporation.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HILEMAN, VIRGINIA	
STREET ADDRESS	1115 LAKE SHORE DR.; STE 204	
CITY- ST- ZIP	WEST PALM BEACH FL 33403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hileman, Virginia	
STREET ADDRESS	14721 BONAIRE BLVD STE 106	
CITY- ST- ZIP	Delray Beach, FL 33446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Virginia Hileman PA Virginia Hileman

4/17/08

5617026572

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #