## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 14, 2008 08:00 AF **Secretary of State** DOCUMENT # P06000016499 1. Entity Name B & J HILL, INC. Principal Place of Business Mailing Address **1632 NE 103RD AVENUE** 1632 NE 103RD AVENUE OKEECHOBEE, FL 34974 US OKEECHOBEE, FL 34974 US 01092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HILL, JERRI L DO NOT WRITE **1632 NE 103RD AVENUE** OKEECHOBEE, FL 34974 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME HILL, JERRI L 1632 NE 103RD AVENUE STREET ADDRESS 000000782684 01/15/08-80086-004 150.00 CITY-ST-ZIP OKEECHOBEE, FL 34974 TITLE NAME HILL, WILLIAM I JR **1632 NE 103RD AVENUE** STREET ADDRESS CITY-ST-ZIP OKEECHOBEE, FL 34974 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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

NAME OF SIGNING OFFICER OR DIRECTOR

ment with an address, with all other like empowered.

SIGNATURE

**FILED**