

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P06000023715

1. Entity Name

H.L. HILL CONSULTING SERVICES, INC.



**FILED
May 04, 2007 8:00 am
Secretary of State**

05-04-2007 90067 013 ***158.75



1st MOORE CR2E034 (10/06)

Principal Place of Business		Mailing Address					
28100 US HWY 19 NORTH, STE. 301 CLEARWATER FL 33761		28100 US HWY 19 NORTH, STE. 301 CLEARWATER FL 33761					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HILL, HOWARD L. 28100 US HWY 19 NORTH, STE. 301 CLEARWATER FL 33761				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

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 changing)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
HILL NAME STREET ADDRESS CITY ST-ZIP	D HILL, HOWARD L. 28100 US HWY 19 NORTH, STE. 301 CLEARWATER FL 33761	<input type="checkbox"/> Delete	HILL NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

Howard L. Hill

SIGNATURE: *Howard L. Hill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07 727-669-1000

Daytime Phone #