


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P38153 1. Entity Name HILLER SERVICES, INC.	
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Principal Place of Business P.O. BOX 91508 MOBILE, AL 36691-1508	Mailing Address P.O. BOX 91508 MOBILE, AL 36691-1508
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01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-1065043	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROBINSON, C. FREDERICK 3245 WEST FAIRFIELD DR. PENSACOLA, FL 32505
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**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
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 NAME STREET ADDRESS CITY-ST-ZIP	PD GREENWOOD, L. DUNCAN 3751 JOY SPRINGS DRIVE MOBILE, AL 36693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ROBINSON, C. FREDERICK 3245 W. FAIRFIELD DR. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CON SAVADRA, E. L. 3751 JOY SPRINGS DRIVE MOBILE, AL 36693
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02/18/06-60044-009 150.00

**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: C. Frederick Robinson 1/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #