

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P38153

1. Entity Name
HILLER SERVICES, INC.



Principal Place of Business
**3245 WEST FAIRFIELD DRIVE
PENSACOLA, FL 32505**

Mailing Address
**P.O. BOX 91508
MOBILE, AL 36691-1508**



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number
63-1065043

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROBINSON, C. FREDERICK
3245 WEST FAIRFIELD DR.
PENSACOLA, FL 32505**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREENWOOD, L. DUNCAN
STREET ADDRESS	3751 JOY SPRINGS DRIVE
CITY-ST-ZIP	MOBILE, AL 36693
TITLE	VSD
NAME	ROBINSON, C. FREDERICK
STREET ADDRESS	3245 W. FAIRFIELD DR.
CITY-ST-ZIP	PENSACOLA, FL
TITLE	CON
NAME	SAVADRA, E. L.
STREET ADDRESS	3751 JOY SPRINGS DRIVE
CITY-ST-ZIP	MOBILE, AL 36693
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/08/08-80019-003 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. L. Savadra

Date

Daytime Phone #

4/17/08 (257) 661-1275