

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90032 003 ***150.00

DOCUMENT # P92000012000

1. Entity Name
HILDALE, INC.



Principal Place of Business
380 US 27 NORTH
SOUTH BAY, FL 33493 US

Mailing Address
380 US 27 NORTH
SOUTH BAY, FL 33493 US

40043774



2. Principal Place of Business - No P.O. Box #
1324 South Main St
Suite, Apt. #, etc.

3. Mailing Address
1324 South Main St
Suite, Apt. #, etc.

03072008 Chg-P CR2E034 (12/06)

City & State
Belle Glade FL
Zip 33430 Country Palm Beach

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Belle Glade FL
Zip 33430 Country Palm Beach

4. FEI Number
65-0388907
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALSTON, CALVIN D
380 US 27 NORTH
SOUTH BAY, FL 33493

7. Name and Address of New Registered Agent
Name
Barbara H. Alston
Street Address (P.O. Box Number is Not Acceptable)
1324 South Main Street
City Belle Glade FL Zip Code 33430

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 Barbara H. Alston Barbara H. Alston Pres. 3-6-08
(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	VD	<input type="checkbox"/> Delete
NAME	HILL, HOWARD E	
STREET ADDRESS	1324 SOUTH MAIN STREET	
CITY-ST-ZIP	BELLE GLADE, FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALSTON, CALVIN D	
STREET ADDRESS	380 US 27 NORTH	
CITY-ST-ZIP	SOUTH BAY, FL 33493	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MILLER, MONA L	
STREET ADDRESS	380 US 27 NORTH	
CITY-ST-ZIP	SOUTH BAY, FL 33493	
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.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALSTON, Barbara H	
STREET ADDRESS	1324 South Main St	
CITY-ST-ZIP	Belle Glade FL 33430	
TITLE	V.P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mailman, Jennifer E	
STREET ADDRESS	6856 S.W. Chase Court	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Heppmann, Robert	
STREET ADDRESS	1414 Horseshoe Trace	
CITY-ST-ZIP	West Palm Beach FL 33414	
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 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: Barbara H. Alston Pres Barbara H. Alston 3/6/08 561-996-4524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #