


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90143 010 \*\*\*150.00

<b>DOCUMENT # P93000002000</b>	
1. Entity Name <b>JANE E. HILL, INC.</b>	

Principal Place of Business <b>903 LAKE SHORE DR SUITE 201 LAKE PARK, FL 33403 US</b>	Mailing Address <b>P.O. BOX 13080 NORTH PALM BEACH, FL 33408 US</b>
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2. Principal Place of Business <b>1600 S. Estrella Ct.</b>	3. Mailing Address <b>Suite, Apt. #, etc. 101</b>
Suite, Apt. #, etc. <b>101</b>	Suite, Apt. #, etc. <b>101</b>
City & State <b>Palm Beach Gardens</b>	City & State <b>Palm Beach</b>
Zip <b>33410</b>	Country <b>Palm Beach</b>

**4007**



01172006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0377440</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fees Required</b>
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6. Name and Address of Current Registered Agent <b>HILL, JANE E 1600 S ESTRELLA COURT, APT 101 PALM BEACH GARDENS, FL 33410</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HILL, JANE E 903 LAKE SHORE DR., #201 LAKE PARK, FL 33403</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HILL, JANE E 1600 SOUTH ESTRELLA CT., APT 101 PALM BEACH GARDENS, FL 33410</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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 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.	
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<b>SIGNATURE:</b> <i>Jane E. Hill</i> <b>JANE E. HILL</b>	<i>April 1, 2006</i> <b>561-691-4663</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>