2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000002000

1. Entity Name JANE E. HILL, INC.

FILED Mar 26, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1600 S. ESTRELLA CT.

P.O. BOX 13080

PALM BEACH GARDENS, FL 33410 US

NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

| 02282008 | No Chg-P | CR2E034 (11/05) | |
|----------|----------|-----------------|--|

4. FEI Number Applied For 65-0377440 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

5. Name and Address of Current Registered Agent

HILL, JANE E 1600 S ESTRELLA COURT, APT 101

SIGNATURE: Jane E. Hill

SIGNATURE AND TYPED OR PRINTED NAME

DO NOT WRITE

| PALM BEACH GARDENS, FL 33410 | | | 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 remastaring) DATE | | | | | | | | |
| | | Election Campaign Finance Trust Fund Contribution. | cing 🔲 | \$5.00 May Be Added to Fees | | | | |
| 10. | OFFICERS AND DIREC | TORS | , | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HILL, JANE E 1600 SOUTH ESTRELLA CT., APT 10 PALM BEACH GARDENS, FL 33410 | 1 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | : | | 000000869852 04/09/08-80065-009 150.00 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| TITLE 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. | | | | | | | | |