


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000007198**  
1. Entity Name  
**HILCO SERVICES, INC.**



Principal Place of Business      Mailing Address  
4244 HWY 218                              4244 HWY 218  
MIDDLEBURG, FL 32068    US                              MIDDLEBURG, FL 32068    US

**DO NOT WRITE IN THIS SPACE**



05012005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>59-3162924</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**HILCHEY, SANDRA S**  
**2965 S. DEER AVE.**  
**MIDDLEBURG, FL 32068**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTV HILCHEY, OWEN 2965 S. DEER AVE. MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HILCHEY, SANDRA S 2965 S. DEER AVE. MIDDLEBURG, FL 32068
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05/04/05-80107-004 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_      **4/30/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #