

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90276 001 ***158.75
05-04-2007 90276 002 ***400.00

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1. Entity Name
HILCO SERVICES, INC.

Principal Place of Business

4244 HWY 218
MIDDLEBURG, FL 32068 US

SAME

Mailing Address

4244 HWY 218
MIDDLEBURG, FL 32068 US

66013176



2. Principal Place of Business - No P.O. Box #

4244 CR 218

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

04042007

Chg-P

CR2E034 (12/06)

City & State

Middleburg FL

City & State

4. FEI Number

59-3162924

Applied For

Not Applicable

Zip

32068

Country

FLA

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILCHEY, SANDRA S
2965 S. DEER AVE.
MIDDLEBURG, FL 32068

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Sandra Hilchey

Signature, typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DTV ☐ Delete
NAME HILCHEY, OWEN
STREET ADDRESS 2965 S. DEER AVE.
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE DPS ☐ Delete
NAME HILCHEY, SANDRA S
STREET ADDRESS 2965 S. DEER AVE.
CITY-ST-ZIP MIDDLEBURG, FL 32068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another title empowered.

SIGNATURE:

Sandra Hilchey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #