## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000068560

FILED Apr 20, 2009 Secretary of State

Entity Name: HILLIARD'S AIR CONDITIONING & HEATING INC.

	-	e of Business:	New Principal Place	
010 SW 3 CALA, FL	3RD AVE	IS		
CALA, I L	_ 34474			
urrent M	ailing Addre	ess:	New Mailing Addres	s:
	3RD AVE	10		
CALA, FL	_ 34474 U	IS		
El Number:	59-3198127	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
882 SW 1		10		
CALA, FL	<sub>-</sub> 34474 U	15		
ne above			purpose of changing its registere	d office or registered agent, or both,
ne above the State	named entity of Florida.		purpose of changing its registere	ed office or registered agent, or both,
ne above the State	named entity of Florida. RE:			ed office or registered agent, or both,  Date
he above the State	named entity of Florida. RE: Electro	submits this statement for the		
ne above the State IGNATUF ection Can	named entity of Florida. RE: Electro	submits this statement for the onic Signature of Registered Agong Trust Fund Contribution ( ).	gent	
he above the State IGNATUF ection Can	named entity of Florida. RE: Electro npaign Financir	submits this statement for the onic Signature of Registered Agong Trust Fund Contribution ( ).	gent	Date
ne above the State GNATUF ection Can FFICERS de:	named entity of Florida.  RE: Electro npaign Financir S AND DIRECTOR WARREN, JEI	r submits this statement for the onic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete FFERY L.	gent  ADDITIONS/CHANG  Title:  Name:	Date ES TO OFFICERS AND DIRECTOR
ne above the State GNATUF ection Can FFICERS le: ume: ldress:	named entity of Florida.  RE: Electro npaign Financir S AND DIREC  VP ( WARREN, JEI 586 SE 95 ST	r submits this statement for the onic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete FFERY L. REET	pent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR
he above the State IGNATUF ection Can FFICERS tle: ame: ddress:	named entity of Florida.  RE: Electro npaign Financir S AND DIRECTOR WARREN, JEI	r submits this statement for the onic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete FFERY L. REET	gent  ADDITIONS/CHANG  Title:  Name:	Date ES TO OFFICERS AND DIRECTOR
ne above the State GNATUF ection Can FFICERS le: ume: ldress: ty-St-Zip:	named entity of Florida.  RE: Electro  npaign Financir  S AND DIRECT  VP ( WARREN, JEI 586 SE 95 ST OCALA, FL 34	r submits this statement for the onic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete FFERY L. REET	pent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR
he above the State IGNATUF ection Can FFICERS tle: ame: ddress: ty-St-Zip: tle:	named entity of Florida.  RE: Electro  npaign Financir  S AND DIREC  VP ( WARREN, JEI 586 SE 95 ST OCALA, FL 3-  D ( HILLIARD, SH	e submits this statement for the conic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete FFERY L. REET 4480 US ) Delete IARON G	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	Date  ES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition
ne above the State GNATUF  ection Can  FFICERS  ele: ame: ldress: ty-St-Zip: ele: ame: ldress:	named entity of Florida.  RE: Electro  npaign Financir  S AND DIREC  VP ( WARREN, JEI 586 SE 95 ST OCALA, FL 3-  D ( HILLIARD, SH 4882 SW 1ST	e submits this statement for the conic Signature of Registered Ageng Trust Fund Contribution ( ).  CTORS:  ) Delete FFERY L. REET 4480 US ) Delete PARON G	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition
ne above the State IGNATUF ection Can FFICERS tle: ame: Idress: ty-St-Zip: tle: ame: Idress:	named entity of Florida.  RE: Electro  npaign Financir  S AND DIREC  VP ( WARREN, JEI 586 SE 95 ST OCALA, FL 3-  D ( HILLIARD, SH	e submits this statement for the conic Signature of Registered Ageng Trust Fund Contribution ( ).  CTORS:  ) Delete FFERY L. REET 4480 US ) Delete PARON G	gent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name:	Date  ES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition
ne above the State GNATUF  ection Can  FFICERS  ele: ame: ldress: ty-St-Zip: lde: ame: ldress: ty-St-Zip:	named entity of Florida.  RE: Electro npaign Financir S AND DIREC  VP ( WARREN, JEI 586 SE 95 ST OCALA, FL 34  D ( HILLIARD, SH 4882 SW 1ST OCALA, FL 34	r submits this statement for the onic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete FFERY L. REET 4480 US  ) Delete JARON G AVE 4474 US	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  ES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition
he above the State IGNATUF  ection Can  FFICERS tle: ame: Idress: ty-St-Zip: tle: ame: ty-St-Zip:	named entity of Florida.  RE: Electro npaign Financir S AND DIREC  VP ( WARREN, JEI 586 SE 95 ST OCALA, FL 34  D ( HILLIARD, SH 4882 SW 1ST OCALA, FL 34	r submits this statement for the onic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete FFERY L. REET 4480 US  ) Delete IARON G AVE 4474 US  ) Delete	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:	Date  ES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition  ( ) Change ( ) Addition
the State	named entity of Florida.  RE: Electro  mpaign Financir  S AND DIREC  VP ( WARREN, JEI 586 SE 95 ST OCALA, FL 3-  D ( HILLIARD, SH 4882 SW 1ST OCALA, FL 3-  P (	r submits this statement for the onic Signature of Registered Aging Trust Fund Contribution ( ).  CTORS:  ) Delete FFERY L. REET 4480 US  ) Delete IARON G AVE 4474 US  ) Delete ROLD I	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip: Title: Title: Title:	Date  ES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON HILLIARD SEC 04/20/2009