


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000084068  
 1. Entity Name  
 BETSY HILLS REAL ESTATE, P.A.



Principal Place of Business  
 419 PINE AVE.  
 ANNA MARIA, FL 34216

Mailing Address  
 P.O. BOX 2150  
 ANNA-MARIA, FL 34216

**DO NOT WRITE IN THIS SPACE**



07062007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 65-0534162

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILLS, BETSY  
 419 PINE AVE.  
 ANNA MARIA, FL 34216

**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 Betsy H. Hills DATE 7/9/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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

In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HILLS, BETSY
STREET ADDRESS	419 PINE AVE
CITY-ST-ZIP	ANNA MARIA, FL 34216
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000768130  
 07/11/07-80002-008 150.00

**DO NOT WRITE IN THIS SPACE**

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 807, 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: Betsy H. Hills DATE 7/9/07 Daytime Phone # 941-778-2291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR