

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000093907

FILED
Feb 02, 2005
Secretary of State

Entity Name: HILCOR, INC.

Current Principal Place of Business:

4715 TIVOLI AVENUE
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

4715 TIVOLI AVENUE
SARASOTA, FL 34235

New Mailing Address:

FEI Number: 65-0631377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASKOM, JOHN J
2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: LEVINE, HOWARD
Address: 4715 TIVOLI AVENUE
City-St-Zip: SARASOTA, FL

Title: PD () Delete
Name: LEVINE, MYRNA
Address: 4715 TIVOLI AVENUE
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: LEVINE, HOWARD
Address: 4715 TIVOLI AVENUE
City-St-Zip: SARASOTA, FL 34235 US

Title: PD (X) Change () Addition
Name: LEVINE, MYRNA
Address: 4715 TIVOLI AVENUE
City-St-Zip: SARASOTA, FL 34235 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MYRNA LEVINE

PD

02/02/2005

Electronic Signature of Signing Officer or Director

_____ Date