2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000064916

1. Entity Name
HILL'S AUTO WORLD INC.



Apr 12, 2004 08:00 AM Secretary of State

Principal Place of Business 4205 US HWY 17 N BOWLING GREEN, FL 33834 Mailing Address 4205 US HWY 17 N BOWLING GREEN, FL 33834



FILED

03292004

No Chg-P

CR2E034 (10/03)

4.	FEI Number
	65-0692293

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Name and Address of	Current Registered Agent

DANIEL, HILL 313 GEORGIA STREET WAUCHULA, FL 33833

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			S. C.				
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. It am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent algorithms required when reinstating) DATE							
FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Trust Fund Contribu		ing 🛮	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS					
TITLE NAME STREET ADDRESS CITY+ST-ZIP	DS HILL, JAMES DAVID 16 GRADY REVELL ROAD WAUCHULA, FL 33873					U00000109002 04/12/04-80026-004 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTV HILL, DANIEL LEE 16 GRADY REVELL ROAD WAUCHULA, FL 33873					04/12/04-80028-804 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		IN '	THIS SPACE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby indicated	certify that the information supplied with this I I on this report or supplemental report is true	filing does not qualify for the and accurate and that my	e exem signatu	ption state re shall hav	d in Section 119.07(3) ve the same legal effe	(i), Florida Statutes. I further certify that the information of 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. ment with an address, with all other like empowered.

SIGNATURE: 山

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR