2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P97000002465

1. Entity Name ROBERT C. HILL CPA PA



Principal Place of Business 120 30TH ST. WEST BRADENTON, FL 34205

Mailing Address 120 30TH ST. WEST BRADENTON, FL 34205

FILED

04 APR 22 AM 10: 27

SECRETARY OF STATE TALLAHASSEE. FLORIDA



01072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0720557

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HILL, ROBERT CII 120 30TH ST. WEST BRADENTON, FL 34205

DO NOT WRITE

			IIV	THIS SPACE	
	named entity submits this statement for the $\boldsymbol{\rho}$ ions of registered agent.	urpose of changing its regis	stered office or registered agent, or	both, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	GNATURE				
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Fi Trust Fund Contribute	inancing \$5.00 May Be on. *** Added to Fees		
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HILL, ROBERT C II 120 30TH ST. WEST BRADENTON, FL 34205		Da	500033724355 /23/04-01025013 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			UT	23.07 BISES DIS **130.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>-</u>	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that t 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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #