


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90043 038 ***158.75

DOCUMENT # P97000098265			
1. Entity Name HILLCREST BENEFIT ADMINISTRATORS, INC.			
Principal Place of Business 311 EAST MAIN ST TAVARES, FL 32778		Mailing Address P O BOX 1516 MT DORA, FL 32756	
2. Principal Place of Business - No P.O. Box # 35809 Pinegate Trl		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State EUSTIS FL		City & State	
4. FEI Number 59-3478181		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		02192008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent SHEFFIELD, ROGER L 311 EAST MAIN ST TAVARES, FL 32778		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
2633 Fenwood Ct Tallahassee FL 32303			
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 <i>Shirley Miller</i> Signature, typed or printed name of registered agent and title if applicable		DATE 2.19.08 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHEFFIELD, ROGER L 311 EAST MAIN ST TAVARES, FL 32778 2633 Fenwood Ct Tallahassee FL 32303	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MILLER, SHIRLEY A 311 EAST MAIN ST TAVARES, FL 32778 35809 Pinegate Trl EUSTIS FL 32736	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with other like empowered.			
SIGNATURE: <i>Shirley Miller</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 2.19.08 800.743.9264 Date Daytime Phone #	