

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000089750

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: HILLTIME, INC.

**Current Principal Place of Business:**

3507 MACLAY BLVD.  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

1400 VILLAGE SQ. BLVD. 13A  
TALLAHASSEE, FL 32312

**New Mailing Address:**

3507 MACLAY BLVD.  
TALLAHASSEE, FL 32312

FEI Number: 59-3556169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARROLD, WILLIAM  
3507 MACLAY BLVD.  
TALLAHASSEE, FL 32312 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: P ( ) Delete  
Name: HILL, BARBARA  
Address: 3507 MACLAY BLVD.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: V (X) Delete  
Name: HARROLD, BILL  
Address: 3507 MACLAY BLVD.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: S (X) Delete  
Name: LAUZON, STACY  
Address: 3507 MACLAY BLVD.  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HARROLD, WILLIAM  
Address: 3507 MACLAY BLVD.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM HARROLD

P

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date