

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P98000107064

1. Entity Name  
HILLIER LAW ASSOCIATES CHARTERED



FILED  
Mar 12, 2004 8:00 am  
Secretary of State

03-12-2004 90010 022 \*\*\*150.00

Principal Place of Business  
2453 BEE RIDGE RD  
SARASOTA, FL 34239

Mailing Address  
2453 BEE RIDGE RD  
SARASOTA, FL 34239

2. Principal Place of Business

1899 Porter Lake Dr

Suite, Apt. #, etc.  
# 106

3. Mailing Address

1899 Porter Lake Drive

Suite, Apt. #, etc.  
# 106

City & State  
Sarasota FL

City & State  
Sarasota FL

Zip 34240 Country USA

Zip 34240 Country USA

4. FEI Number  
65-0884249

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HILLIER, LAURA L  
2453 BEE RIDGE RD  
SARASOTA, FL 34239

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

Unit #106

1899 Porter Lake Drive

City Sarasota FL Zip Code 34240

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 Laura L. Hillier Laura L. Hillier 03/09/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Addition  
Address  
1899 Porter Lake Drive #106  
Sarasota FL 34240

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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 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.

SIGNATURE: Laura L. Hillier Laura L. Hillier 03/09/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

54017479

