


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P98000107064 1. Entity Name HILLIER LAW ASSOCIATES CHARTERED |  |
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| Principal Place of Business 1899 PORTER LAKE DR #106 SARASOTA, FL 34240 | Mailing Address 1899 PORTER LAKE DR #106 SARASOTA, FL 34240 |
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01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|--------------------------------|
| 4. FEI Number 65-0884249 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HILLIER, LAURA L 1899 PORTER LAKE DRIVE #106 SARASOTA, FL 34240 |
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IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HILLIER, LAURA L 1899 PORTER LAKE DRIVE, #106 SARASOTA, FL 34240 |
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04/28/06-80015-022 150.00

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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 all other like empowered.

SIGNATURE: Laura L Hillier Laura L. Hillier 04/11/06 944 377-5660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #