


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000016202	
1. Entity Name HILL JACKSON CORP.	

Principal Place of Business 3365 SEA VIEW ST. SARASOTA, FL 34239	Mailing Address 3365 SEA VIEW ST. SARASOTA, FL 34239 US
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06162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HILDEBRAND, GRAHAM 3365 SEA VIEW ST. SARASOTA, FL 34239
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**DO NOT WRITE
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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS HILDEBRAND, GRAHAM 3365 SEA VIEW ST SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HILDEBRAND, THOMAS C 2969 PIGNATELLI CRESCENT MT PLEASANT, SC 29466
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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06/25/04-80001-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Graham Hildebrand **GRAHAM HILDEBRAND** 16 June 2004 941-922-3142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #