

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90180 015 ***150.00

DOCUMENT # P99000075756
 1. Entity Name
 1701 HILLMOOR, INC.



Principal Place of Business: 2090 SE OCEAN BLVD, STUART, FL 34996
 Mailing Address: 2090 SE OCEAN BLVD, STUART, FL 34996

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: [Blank]
 Zip: [Blank] Country: [Blank]



04252005 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0944007
 Applied For: [Blank] Not Applicable: [Blank]

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

6. Name and Address of Current Registered Agent
 DAVENPORT, WILLIAM
 2090 SW OCEAN BLVD
 STUART, FL 34996

7. Name and Address of New Registered Agent
 Name: [Blank]
 Street Address (P.O. Box Number is Not Acceptable): [Blank]
 City: [Blank] FL Zip Code: [Blank]

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: *William H. Davenport* DATE: 04-25-05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: DAVENPORT, WILLIAM H. STREET ADDRESS: 2090 SW OCEAN BLVD CITY - ST - ZIP: STUART, FL 34996	<input type="checkbox"/> Delete
TITLE: VPD NAME: TAYLOR, MORGAN L III STREET ADDRESS: 2090 SE OCEAN BLVD CITY - ST - ZIP: STUART, FL 34996	<input checked="" type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY - ST - ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY - ST - ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY - ST - ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY - ST - ZIP: [Blank]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: DAVENPORT, WILLIAM H. STREET ADDRESS: 2090 SE Ocean Blvd CITY - ST - ZIP: STUART, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY - ST - ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: GUERRERO, JOHN M. STREET ADDRESS: 2090 SE Ocean Blvd CITY - ST - ZIP: STUART, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD NAME: KLAUS, III, NELSON C. STREET ADDRESS: 2090 SE Ocean Blvd CITY - ST - ZIP: STUART, FL 34996	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY - ST - ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY - ST - ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE: *William H. Davenport* DATE: 4-28-05 772-287-8777