


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000075756 1. Entity Name 1701 HILLMOOR, INC.	
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Principal Place of Business 2090 SE OCEAN BLVD STUART, FL 34996	Mailing Address 2090 SE OCEAN BLVD STUART, FL 34996
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01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0944007	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

DAVENPORT, WILLIAM
 2090 SW OCEAN BLVD
 STUART, FL 34996

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 resigning) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PD DAVENPORT, WILLIAM H 2090 SE OCEAN BLVD STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GUERRERO, JOHN M 2090 SE OCEAN BLVD STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KLAUS III, NELSON C 2090 SE OCEAN BLVD STUART, FL 34996
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 01/15/08-80029-020 150.00

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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/08 (712) 287-5777
 Date Daytime Phone