

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90021 047 ***150.00

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1. Entity Name
OAKHILL, INC.



Principal Place of Business
1324 S. MAIN ST.
BELLE GLADE, FL 33430

Mailing Address
1324 S. MAIN ST.
BELLE GLADE, FL 33430

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052008

Chg-P

CR2E034 (12/06)

4. FEI Number
65-1091806

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HILL, H E
1324 S. MAIN ST
BELLE GLADE, FL 33430

7. Name and Address of New Registered Agent

Name Barbara H. Alston
Street Address (P.O. Box Number is Not Acceptable)
1324 South Main Street
City Belle Glade FL 33430

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 Barbara H. Alston 2/18/08
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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME HILL, H. E
STREET ADDRESS 1324 S MAIN ST
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE SD ☐ Delete
NAME ALSTON, BARBARA H
STREET ADDRESS 1324 S. MAIN ST.
CITY-ST-ZIP BELLE GLADE, FL 33430

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P.D. ☐ Change ☐ Addition
NAME ALSTON BARBARA H.
STREET ADDRESS 1324 South Main St
CITY-ST-ZIP Belle Glade FL 33430

TITLE V.P.O.D. ☐ Change ☒ Addition
NAME MAILMAN Jennifer E
STREET ADDRESS 6856 Silo Chase Court
CITY-ST-ZIP STUART FL 34997

TITLE S ☐ Change ☒ Addition
NAME HOPPMANN Robert
STREET ADDRESS 1401 Horseshoe Trace
CITY-ST-ZIP West Palm Beach FL 33414

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Barbara H. Alston 2/18/08 561-996-4524
Signature and typed or printed name of signing officer or director Date Daytime Phone #