

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000285

FILED
Jun 28, 2009
Secretary of State

Entity Name: THE HEIRESS LANDSCAPING, INC.

Current Principal Place of Business:

9303 BAYSHORE RD
H18
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

5690 W CEDAR ISLAND
WHITE LAKE, MI 48383

New Mailing Address:

FEI Number: 38-3396380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DFAULT, DOLORES
9303 BAYSHORE RD
H18
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CVP () Delete
Name: DFAULT, DOLORES
Address: 9303 BAYSHORE RD H18
City-St-Zip: PALMETTO, FL 34221

Title: VCP () Delete
Name: DFAULT, WILLIAM
Address: 9303 BAYSHORE RD H18
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLORES DFAULT

CVP

06/28/2009

Electronic Signature of Signing Officer or Director

Date