

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002394

FILED
Mar 23, 2009
Secretary of State

Entity Name: HILINE CARTS & CARS INC.

Current Principal Place of Business:

104-A HUDDLESTON RD
PEACHTREE CITY, GA 30269

New Principal Place of Business:

158 WEXFORD DRIVE
NEWNAN, GA 30265

Current Mailing Address:

281 BALDWIN CT
NEWNAN, GA 302636955

New Mailing Address:

158 WEXFORD DRIVE
NEWNAN, GA 302652064

FEI Number: 20-8590111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: TERZIAN, TIMOTHY A
Address: 281 BALDWIN COURT
City-St-Zip: NEWNAN, GA 302636955

Title: VCVP () Delete
Name: CARON, RAYMOND P
Address: 185 DONEGAL DRIVE
City-St-Zip: TYRONE, GA 30290

Title: D () Delete
Name: BARTHOLOMEW, BRIDGET J
Address: 358 WESTHILL DRIVE
City-St-Zip: NEWNAN, GA 30265

Title: S () Delete
Name: TERZIAN, NOREEN F
Address: 281 BALDWIN COURT
City-St-Zip: NEWNAN, GA 302636955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change () Addition
Name: TERZIAN, TIMOTHY A
Address: 158 WEXFORD DRIVE
City-St-Zip: NEWNAN, GA 302652064

Title: VCVP (X) Change () Addition
Name: CARON, RAYMOND P
Address: 43 CAMDEN VILLAGE DRIVE
City-St-Zip: NEWNAN, GA 30265

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

Title: S (X) Change () Addition
Name: TERZIAN, NOREEN F
Address: 158 WEXFORD DRIVE
City-St-Zip: NEWNAN, GA 302652064

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: NOREEN F. TERZIAN

S

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date