


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2007 08:00 AM
Secretary of State

DOCUMENT # F93000003842 1. Entity Name HI-GVF, INC.	
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Principal Place of Business 613B BEACHVIEW DR ST. SIMONS ISLAND, GA 31522 US	Mailing Address PO BOX 20287 ST. SIMONS ISLAND, GA 31522 US
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03192007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-2040773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SMITH, HULSEY & BUSEY 225 WATER STREET, SUITE 1800 JACKSONVILLE, FL 32202
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**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 _____
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, 2007 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	PCD ZELL, HAROLD E 613B BEACHVIEW DR ST. SIMONS ISLAND, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADDISON, BENJAMIN DR. 613B BEACHVIEW DR ST SIMONS ISLAND, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZELL, LUCY 613B BEACHVIEW DR ST. SIMONS ISLAND, GA
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**DO NOT WRITE
IN THIS SPACE**

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

3/26/07 912 996 0338
Date Daytime Phone