


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # F93000003842</b><br>1. Entity Name<br>HI-GVF, INC. |  |
|--|---|

|  |   |
|--|---|
| Principal Place of Business<br>613B BEACHVIEW DR<br>ST. SIMONS ISLAND, GA 31522 US | Mailing Address<br>PO BOX 20287<br>ST. SIMONS ISLAND, GA 31522 US |
|--|---|

**DO NOT WRITE IN THIS SPACE**

02152008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

SMITH, HULSEY & BUSEY  
225 WATER STREET, SUITE 1800  
JACKSONVILLE, FL 32202

**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 reinstating) DATE \_\_\_\_\_

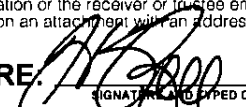
|   |   |  |
|---|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | U000000874815<br>04/11/08-80007-019 150.00 |
|---|---|--|

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCD<br>ZELL, HAROLD E<br>613B BEACHVIEW DR<br>ST. SIMONS ISLAND, GA     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>ADDISON, BENJAMIN DR.<br>613B BEACHVIEW DR<br>ST SIMONS ISLAND, GA |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>ZELL, LUCY<br>613B BEACHVIEW DR<br>ST. SIMONS ISLAND, GA           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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  H.E. ZELL 3/27/08 9/129960  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Phone # 335