

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003760

Entity Name: HI-LITE MARKINGS, INC.

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

18249 HI-LITE DRIVE
ADAMS CENTER, NY 13606

New Principal Place of Business:

Current Mailing Address:

PO BOX 460
ADAMS CENTER, NY 13606

New Mailing Address:

FEI Number: 16-1381276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: VP () Delete
Name: MCNEELY, LINDA A
Address: 152 RAINBOW SHORES RD
City-St-Zip: PULASKI, NY 13142 US

Title: VP () Delete
Name: MCNEELY, RHONDA M
Address: 15633 PHEASANT RUN ROAD
City-St-Zip: WATERTOWN, NY 13601 US

Title: P () Delete
Name: MCNEELY, JOHN S
Address: 35208 STATE RTE 126
City-St-Zip: CARTHAGE, NY 13619

Title: VP () Delete
Name: MCNEELY, RICHARD C JR
Address: 152 RAINBOW SHORES RD
City-St-Zip: PULASKI, NY 13142 US

Title: VP () Delete
Name: MCNEELY, RICHARD C III
Address: 15633 PHEASANT RUN ROAD
City-St-Zip: WATERTOWN, NY 13601 US

Title: S/T () Delete
Name: SPINNER, KELLY J
Address: 16406 IVES STREET ROAD
City-St-Zip: WATERTOWN, NY 13601 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

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: KELLY J SPINNER

S/T

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date