2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007
Secretary of State

DOCUMENT# H20262

Entity Name: HI-LO CARETAKING, INC.

Current Principal Place of Business:

300 LOST LAKE BARN RD.
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 488
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: 59-2444106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DURRANCE, HORACE L PRES
500 LOST LAKE DR.
LAKE PLACID, FL 33852 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: VD ( ) Delete
Name: DURRANCE, WILBUR H VP
Address: 1272 ANNANDALE DR
City-St-Zip: CLARKESVILLE, GA 30523 US

Title: SD ( ) Delete
Name: LEACH, PEGGY D SEC.
Address: 340 BELLE TOWER AVE.
City-St-Zip: LAKE PLACID, FL 33852 US

Title: PD ( ) Delete
Name: DURRANCE, HORACE L PRES
Address: 500 LOST LAKE DR.
City-St-Zip: LAKE PLACID, FL 33852 US

Title: TD ( ) Delete
Name: FENTRESS, PAMELA L TREAS
Address: 300 LOST LAKE DR.
City-St-Zip: LAKE PLACID, FL 33852 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ( ) Change ( ) Addition
Name:
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 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: PAMELA L. FENTRESS TD 02/08/2007

Electronic Signature of Signing Officer or Director Date