

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K00864

FILED
Mar 07, 2009
Secretary of State

Entity Name: HI-LITE SERVICES, INC.

Current Principal Place of Business:

8466 N LOCKWOOD RIDGE RD
S303
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

8466 N LOCKWOOD RIDGE RD
S303
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 65-0013564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, JOHNNY J
306 SORENTO DRIVE
OSPREY, FL 34229 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: PS () Delete
Name: WILLIAMS, JOHNNY J
Address: 306 SORENTO DRIVE
City-St-Zip: OSPREY, FL 34229

Title: VPTD () Delete
Name: WILLIAMS, SHAWN M
Address: 444 IBIS WAY
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOHNNY J. WILLIAMS

PRES

03/07/2009

Electronic Signature of Signing Officer or Director

Date