07/05/2007 03:26 3053679899 SUNSHINE A

FILED
Jul 13, 2007 8:00 am
Secretary of State
07-13-2007 90089 034 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000044240

1. Entity Name
HI-END DEVELOPMENT CORP.

40125010

Principal Place of Business	Mailing Address
4696 SW 100 STREET OCALA, FL 34476	4696 SW 100 STREET OCALA, FL 34476

07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0083054
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NATOLI, FRANK
4696 SW 100 STREET
OCALA, FL 34476

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NATOLI, FRANK
STREET ADDRESS	4696 SW 100 ST
CITY-ST-ZIP	OCALA, FL 34476
TITLE	D
NAME	ANDREOLA, PHILLIP
STREET ADDRESS	4696 SW 100 ST
CITY-ST-ZIP	OCALA, FL 34476
TITLE	D
NAME	~~PHILCOAT, HENRY~~ F.W. DELETE
STREET ADDRESS	~~4696 SW 100 STREET~~ F.W. Pres
CITY-ST-ZIP	~~OCALA, FL 34476~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Frank Natoli 7-10-07 352 748 4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #