

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000107785

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: TRENCHLESS SOLUTIONS, INC.

**Current Principal Place of Business:**

3390 TRAIL DAIRY CIRCLE  
N FT MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

3390 TRAIL DAIRY CIRCLE  
N FT MYERS, FL 33917

**New Mailing Address:**

FEI Number: 65-1159540      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HEDGE, RICHARD W  
3390 TRAIL DAIRY CIRCLE  
N. FT. MYERS, FL 33917      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: P ( ) Delete  
Name: HEDGE, RICHARD W  
Address: 3390 TRAIL DAIRY CIRCLE  
City-St-Zip: FORT MYERS, FL 33917

Title: VP ( ) Delete  
Name: HEDGE, RICHARD  
Address: 2636 SE 16TH PL  
City-St-Zip: CAPE CORAL, FL 33904

Title: ST ( ) Delete  
Name: HEDGE, APRIL L  
Address: 3390 TRAIL DAIRY CIRCLE  
City-St-Zip: FORT MYERS, FL 33917

**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:

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: APRIL HEDGE

ST

01/13/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date