2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P02000039136

Entity Name: HI CAP, INC.

Current Principal Place of Business:

HOME/555 NE 223 ST
LAWTEY, FL 32058

New Principal Place of Business:

Current Mailing Address:

555 NE 223 ST
LAWTEY, FL 32058

New Mailing Address:

FEI Number: 02-0587832 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASHLEY, DOUGLAS
555 NE 223 ST
LAWTEY, FL 32058 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: DPS ( ) Delete
Name: ASHLEY, DOUGLAS
Address: 555 NE 223 ST
City-St-Zip: LAWTEY, FL 32058

Title: DVT ( ) Delete
Name: ASHLEY, SHERRY
Address: 555 NE 223 ST
City-St-Zip: LAWTEY, FL 32058

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: MR ( ) Change (X) Addition
Name: ASHLEY, RYAN L SEC
Address: 555 NE 223RD STREET
City-St-Zip: LAWTEY, FL 32058

Title: MISS ( ) Change (X) Addition
Name: ASHLEY, SHELBY M TREASUR
Address: 555 NE 223RD ST
City-St-Zip: LAWTEY, FL 32058

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: DOUGLAS ASHLEY PRES 04/30/2009

Electronic Signature of Signing Officer or Director Date