


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000101959</b> 1. Entity Name <b>HIGH HEMLOCK, INC.</b>	
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Principal Place of Business <b>1101 E. HIGHWAY 436 ALTAMONTE SPRINGS, FL 32701 US</b>	Mailing Address <b>P.O. BOX 151117 ALTAMONTE SPRINGS, FL 32715 US</b>
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01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>34-2020290</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>STEINER, LAWRENCE R 797 DOUGLAS AVENUE ALTAMONTE SPRINGS, FL 32714</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000432540</b> <b>04/19/06-80063-023 150.00</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PLANTE, MICHAEL C P.O. BOX 151117 ALTAMONTE SPRINGS, FL 32715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D PLANTE, LAWRENCE D III P.O. BOX 151117 ALTAMONTE SPRINGS, FL 32715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D PLANTE, STEPHEN M P.O. BOX 151117 ALTAMONTE SPRINGS, FL 32715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D PLANTE, SUSAN M P.O. BOX 151117 ALTAMONTE SPRINGS, FL 32715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Susan M Plante / Susan M Plante 4/2/06 352-343-8976  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #