

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000101959</b>	
1. Entity Name <b>HIGH HEMLOCK, INC.</b>	

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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**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

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

**STEINER, LAWRENCE R  
797 DOUGLAS AVENUE  
ALTAMONTE SPRINGS, FL 32714**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

Net Payable: 150.00

10. OFFICERS AND DIRECTORS	
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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04/18/07-80054-008 150.00

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:** Michael Plante **4-3-07** **407-831-0777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #