


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000133907

1. Entity Name
HIPPS OUTDOOR SERVICES, INC.



Principal Place of Business
**6613 IMPERIAL OAK LANE
 ORLANDO, FL 32819**

Mailing Address
**PO BOX 617646
 ORLANDO, FL 32861**

DO NOT WRITE IN THIS SPACE



03212006 No Chg-P CR2E034 (11/05)

4. FEI Number
77-0643434 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PRICE, CATHY
 6613 IMPERIAL OAK LANE
 ORLANDO, FL 32819**

DO NOT WRITE 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 _____
Signature of the registered agent or the registered office. If the registered agent is a corporation, the signature of the president or other officer authorized to execute this report is required.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1100000479134
 04/08/06-80032-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P PRICE, CATHY 6613 IMPERIAL OAK LANE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY ST ZIP	VP HIPPS, LAMAR 6613 IMPERIAL OAK LANE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY ST ZIP	ST HIPPS, LAMAR PO BOX 617646 ORLANDO, FL 32861
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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: *Cathy Price* 3/21/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR