2007 FOR PROFIT CORPORATION ANNUAL REPORT

CW AS OK.

Mar 22, 2007 8:00 am Secretary of State DOCUMENT # P06000038504 03-22-2007 90010 025 ***158.75 HI-TECH REDNECK LAWN SERVICES INC. Principal Place of Business Mailing Address 15031 SE 160TH AVENUE WEIRSDALE, FL 32195 15031 SE 160TH AVENUE UUUWIWUW WEIRSDALE, FL 32195 2. Principal Place of Business - No P.O. Box # 3. Mailing Address SR 44 03162007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 86-116405 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TILLER, ROBERT Street Address (P.O. Box Number is Not Acceptable) 26927 15031 SE 160TH AVENUE WEIRSDALE, FL 32195 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CEO ☐ Change ☐ Addition TITLE Delete TITI F TILLER, ROBERT L NAME NAME STREET ADDRESS STREET ADDRESS 15031 SE 160TH AVENUE WEIRSDALE, FL 32195 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition EDWARDS, ANDREW R NAME 206 FISHER RUN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCKLAWAHA, FL 32179 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Defete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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:

FILED