


**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90216 021 \*\*\*150.00

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P06000117053</b>			
1. Entity Name HEDGES, EDGES, LAWNS, PLUS, INC.			
Principal Place of Business 3811 BEGONIA STREET PALM BEACH GARDENS, FL 33410		Mailing Address 3811 BEGONIA STREET PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business - No P.O. Box # 3811 Begonia St. Suite, Apt. #, etc.		3. Mailing Address 3811 Begonia St. Suite, Apt. #, etc.	
City & State P.B.G. A. 33 Zip 33410 Country P.B.		City & State P.B.G. Zip 33410 Country	
4. FEI Number 205524136		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required -	
6. Name and Address of Current Registered Agent MOORE, PATRICIA 3811 BEGONIA STREET PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code	
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 <u>P. Moore</u> <small>Signature, typed or printed name of registered agent and file if applicable</small>		DATE <u>4-10-07</u> <small>DATE</small>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOORE, PATRICIA 3811 BEGONIA STREET PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SHEPARD, JOE 3811 BEGONIA STREET PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEPARD, JAMES 6901 TURTLE BAY LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>P. Moore</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4-10-07</u> <u>561-627-3200</u> <small>DATE Daytime Phone #</small>	

66014937



01162007 Chg-P CR2E034 (12/06)

**FILE NOW!! / FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00**