

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000117053

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: HEDGES, EDGES, LAWNS, PLUS, INC.

## Current Principal Place of Business:

3811 BEGONIA STREET  
PALM BEACH GARDENS, FL 33410

## New Principal Place of Business:

## Current Mailing Address:

3811 BEGONIA STREET  
PALM BEACH GARDENS, FL 33410

## New Mailing Address:

FEI Number: 20-5524136

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOORE, PATRICIA  
3811 BEGONIA STREET  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

MOORE, PATRICIA A PRES.  
3811 BEGONIA STREET  
PALM BEACH GARDENS, FL 33410 US

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.

SIGNATURE: PATRICIA MOORE

01/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MOORE, PATRICIA  
Address: 3811 BEGONIA STREET  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SVP ( ) Delete  
Name: SHEPARD, JOE  
Address: 3811 BEGONIA STREET  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP ( ) Delete  
Name: SHEPARD, JAMES  
Address: 6901 TURTLE BAY  
City-St-Zip: LAKE WORTH, FL 33463

Title: O ( ) Delete  
Name: MOORE, DYLAN  
Address: 3811 BEGONIA STREET  
City-St-Zip: PALM BEACH GARDENS, FL 33410

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA MOORE

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date