


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90197 045 ***150.00

DOCUMENT # P06000126538 1. Entity Name HINCKLEY CURBSCAPES, INC.					
Principal Place of Business 36500 ANTONE DRIVE GRAND ISLAND, FL 32735 US			Mailing Address 36500 ANTONE DRIVE GRAND ISLAND, FL 32735 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 350159			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Grand Island, FL		4. FEI Number 20-5653487	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32735		Country USA		01122007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent HINCKLEY, MELISSA S 36500 ANTONE DRIVE GRAND ISLAND, FL 32735				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 HINCKLEY, MELISSA S 36500 ANTONE DRIVE GRAND ISLAND, FL 32735	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HINCKLEY, KRIS A 36500 ANTONE DRIVE GRAND ISLAND, FL 32735	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hinckley, Kris A 36500 Antone Drive Grand Island, FL 32735	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hinckley, Kris A 36500 Antone Drive Grand Island, FL 32735	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hinckley, Kris A 36500 Antone Drive Grand Island, FL 32735	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hinckley, Kris A 36500 Antone Drive Grand Island, FL 32735	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hinckley, Kris A 36500 Antone Drive Grand Island, FL 32735	<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: <i>Melissa S. Hinckley</i>		1/12/07 352-434-7342 <small>Date Daytime Phone #</small>			