

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000126538

1. Entity Name  
HINCKLEY CURBSCAPES, INC.



Principal Place of Business  
36500 ANTONE DRIVE  
GRAND ISLAND, FL 32735 US

Mailing Address  
P O BOX 350159  
GRAND ISLAND, FL 32735 US



01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5653487

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HINCKLEY, MELISSA S  
36500 ANTONE DRIVE  
GRAND ISLAND, FL 32735

**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, typed or printed name of registered agent and title if applicable

(If "OTE" Registered Agent signature required when reinstating)

(DATE)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

U000000877715  
04/14/08-80025-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HINCKLEY, MELISSA S
STREET ADDRESS	36500 ANTONE DRIVE
CITY-ST-ZIP	GRAND ISLAND, FL 32735
TITLE	VP
NAME	HINCKLEY, KRIS A
STREET ADDRESS	36500 ANTONE DRIVE
CITY-ST-ZIP	GRAND ISLAND, FL 32735
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

*Melissa S. Hinckley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melissa S. Hinckley  
President

3/30/08

Date

434-  
352-~~743~~-7342  
Daytime Phone #