

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099155

FILED
Jul 15, 2008
Secretary of State

Entity Name: HIGH MAINTENANCE LANDSCAPING INC.

Current Principal Place of Business:

1180 NW 127TH CT
OCALA, FL 34482

New Principal Place of Business:

849 15TH STREET, UNIT 1
LAKE PARK, FL 33403

Current Mailing Address:

1180 NW 127TH CT
OCALA, FL 34482

New Mailing Address:

849 15TH STREET, UNIT 1
LAKE PARK, FL 33403

FEI Number: 26-0825529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMAS, JEFFREY A
Address: 1180 NW 127TH CT
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: DEAN, KYLE T
Address: 1180 NW 127TH CT
City-St-Zip: OCALA, FL 34482

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: THOMAS, JEFFREY A
Address: 849 15TH STREET, UNIT 1
City-St-Zip: LAKE PARK, FL 33403

Title: D (X) Change () Addition
Name: THOMAS, RACHELLE
Address: 849 15TH STREET, UNIT 1
City-St-Zip: LAKE PARK, FL 33403

Title: D () Change (X) Addition
Name: CHALFANT, ALINA
Address: 849 15TH STREET, UNIT 1
City-St-Zip: LAKE PARK, FL 33403

Title: D () Change (X) Addition
Name: PLUNSKE, SCOTT
Address: 849 15TH STREET, UNIT 1
City-St-Zip: LAKE PARK, FL 33403

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: JEFFREY A. THOMAS

D

07/15/2008

Electronic Signature of Signing Officer or Director

_____ Date