# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 31, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P94000025400

1. Entity Name
HI CLASS LANDSCAPING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 697 MILLARD DRIVE<br>DELRAY BEACH, FL 33444 US | 697 MALLARD DRIVE<br>DELRAY BEACH, FL 33444 US |

**DO NOT WRITE IN THIS SPACE**

01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0487622
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANCIS, STANFORD
697 MALLARD DR.
DELRAY BEACH, FL 33444

**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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | FRANCIS, STANFORD |
| STREET ADDRESS | 697 MALLARD DR. |
| CITY-ST-ZIP | DELRAY BEACH, FL |
| TITLE | D |
| NAME | FRANCIS, CHARLENE |
| STREET ADDRESS | 697 MALLARD DRIVE |
| CITY-ST-ZIP | DELRAY BEACH, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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02/09/06-80029-006 158.75

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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: X Charlene Francis Charlene Francis 1-26-06 561-368-3082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #