

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000025400

Entity Name: HI CLASS LANDSCAPING, INC.

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

697 MILLARD DRIVE
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

697 MALLARD DRIVE
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 65-0487622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRANCIS, STANFORD
Address: 697 MALLARD DR.
City-St-Zip: DELRAY BEACH, FL

Title: D () Delete
Name: FRANCIS, CHARLENE
Address: 697 MALLARD DRIVE
City-St-Zip: DELRAY BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CHARLENE FRANCIS

D

01/12/2009

Electronic Signature of Signing Officer or Director

Date