## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 30, 2008 08:00 AN Secretary of State

ANNOAL ILLI ORI		
DOCUMENT # P9600006596  1. Entity Name HEDGE HUNTERS LAWN SERVICE, INC.		
Principal Place of Business	Mailing Address	
2409 PALMETTO ST NOKOMIS, FL 34275-3466 US	2409 PALMETTO ST Nokomis, FL 34275-3466 U	ıs

## CR2E034 (11/05) 02272008 No Chq-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0640282 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE RICHARDS, JOHN 2409 PALMETTO ST NOKOMIS, FL 34275 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 little if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 U0000093<u>4</u>080 OFFICERS AND DIRECTORS 10. TITLE RICHARDS, JOHN NAME STREET ADDRESS 2409 PALMETTO ST CITY-ST-ZIP NOKOMIS, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - 7IP

12. Thereby certify that the information supplied with this filling 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 B. RICHARDS

42808

941-966-9209