

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000056577

Entity Name: HIWAYScape, INC.

**FILED**  
**Mar 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

640 ARBUCKLE CREEK ROAD  
LORIDA, FL 33857

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 330  
LORIDA, FL 33857

**New Mailing Address:**

FEI Number: 65-0856492

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ASHTON, DINA C  
640 ARBUCKLE CREEK ROAD  
LORIDA, FL 33857 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ASHTON, DINA C  
Address: PO BOX 330  
City-St-Zip: LORIDA, FL 33857

I hereby 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 all other like empowered.

SIGNATURE: DINA C. ASHTON

PRES

03/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date