


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N30955

1. Entity Name
GULF HIGHLANDS I, INC.



Principal Place of Business
10997 HUTCHINSON BLVD
PANAMA CITY BEACH, FL 32407 US

Mailing Address
C/O W.M. SHEPARD CPA, PA
201 E 4TH STREET
PANAMA CITY, FL 32401 US



07062006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3024723

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SHEPARD, W M
939 JENKS AVE
PANAMA CITY, FL 32401

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

07/13/06 00009-002 61.25

Filing Fee is \$61.25
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITHSON, ROBERT 101 KAREN DR. COTTONWOOD, AL 36320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDONALD, RAYMOND 2353 COUNTRY LINE CHURCH RD WARM SPRINGS, GA 31830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SHEPARD, W M 939 JENKS AVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LATIF, AMBEREEN PO BOX 9633 PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHEN, WILIAM 1340 BOHANNON RD GRANTVILLE, GA 30220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MULLIS, RICHARD P. P.O. BOX 1219 ROBBINSVILLE, NC 28771

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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 617, 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: W M Shepard **Asst Treas** 7/13/06 860 747-1886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #