2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

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## FILED Feb 03, 2005 08:00 AM DOCUMENT # P01000003921 1. Entity Name **Secretary of State** R.C.B. OF HIGHLANDS COUNTY, INC. Principal Place of Business Mailing Address 103 SOUTH RIDGEWOOD DR 103 SOUTH RIDGEWOOD DR SEBRING FL 33870 SEBRING FL 33870 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-1071159 Not Applicable Zip Ζìρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRUMLEY, RHONDA 113 SOUTH CIRCLE Street Address (P.O. Box Number is Not Acceptable) SEBRING FL 33870 Zip Code 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE HULE Delete Addition ☐ Change CRUMLEY, RHONDA NAME NAME 103 SOUTH RIDGEWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL 33870 CITY - ST - ZIP HILE TITLE Addition Delete ☐ Change NAME WHITLOCK, JAMES W U00000211992 NAME STREET ADDRESS 103 SOUTH RIDGEWOOD DR STREET ADDRESS 02/03/05-80012-006 150.00 SEBRING FL 33870 CITY-ST-ZIP CITY-ST-7/P TITLE ST Delete TITLE Change Addition NAME WHITLOCK, KATHRYN J NAME STREET ADDRESS 103 SOUTH RIDGEWOOD DR STREET ADDRESS CITY-ST-7IP SEBRING FL 33870 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP TITLE ז ולוד ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-7IP Title E Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.