


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90077 007 ***150.00

DOCUMENT # P01000099803				
1. Entity Name HIGHLAND BEACH REAL ESTATE, INC.				
Principal Place of Business C/O O'GRADY REALTY 2809 S OCEAN BLVD HIGHLAND BEACH FL 33487		Mailing Address C/O O'GRADY REALTY 2809 S OCEAN BLVD HIGHLAND BEACH FL 33487		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent BLAKE, JUNE A 2727 S. OCEAN BLVD., #602 HIGHLAND BEACH FL 33487				4. FEI Number 59-1715542
7. Name and Address of New Registered Agent				Applied For Not Applicable
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
SIGNATURE _____				DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				



1st MOORE CR2E034 (10/05)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPPLE, GLENDA	NAME	
STREET ADDRESS	3212 S OCEAN BLVD #301A	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH FL 33487	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGAHAN, PEGGY	NAME	
STREET ADDRESS	3100 S OCEAN BLVD #125D	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH FL 33487	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, PATTY	NAME	
STREET ADDRESS	3953 REDONG WAY	STREET ADDRESS	0225 RABBIT HOLLOWE CIRCLE
CITY-ST-ZIP	BOCA RATON FL 33487	CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, JUNE	NAME	
STREET ADDRESS	2727 S OCEAN BLVD #602	STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH FL 33487	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **JUNE BLAKE** 2/7/06 (561) 272-2434
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #