


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90061 037 ***150.00

DOCUMENT # P29019

1. Entity Name
HIGH PLAINS CAPITAL CORPORATION



44005764



Principal Place of Business
**215 S. OLIVE AVENUE
 SUITE 200
 WEST PALM BEACH, FL 33401 US**

Mailing Address
**C/O MCGRATH & MEYERS, P.A.
 5725 CORPORATE WAY, SUITE 101
 WEST PALM BEACH, FL 33407**

2. Principal Place of Business
700 South Olive Avenue

3. Mailing Address

Suite, Apt. #, etc.

01272004 Chg-P CR2E034 (10/03)

City & State
West Palm Beach, FL

City & State

4. FEI Number
59-1942407

Applied For
 Not Applicable

Zip
33401

Country

Zip
 Country

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

6. Name and Address of Current Registered Agent

**ARNOLD, ROBERT J
 215 S. OLIVE, SUITE 215
 WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name
Gail C. Meyers

Street Address (P.O. Box Number is Not Acceptable)
c/o McGrath & Meyers PA

5725 Corporate Way #101

West Palm Beach FL 33407

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: *Gail C. Meyers* DATE: 1/27/04

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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	PSTD HALMOS, PETER 215 S. OLIVE AVE., SUITE 200 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARNOLD, ROBERT J 215 S. OLIVE AVE., STE 200 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Gail C. Meyers 5725 Corporate Way #101 West Palm Beach FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Gail C. Meyers* DATE: 1/25/04 DAYTIME PHONE #: 561-684-6604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR