


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90150 016 ***150.00

DOCUMENT # P29019			
1. Entity Name HIGH PLAINS CAPITAL CORPORATION			
Principal Place of Business 700 SOUTH OLIVE AVE. 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		3. Mailing Address C/O Meyers & Associate CPA PA	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 5725 Corporate Way #101	
City & State		City & State West Palm Beach FL	
Zip		Zip 33407	
Country		Country	
4. FEI Number 59-1942407		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name MEYERS, GAIL C C/O MCGRATH & MEYERS, P.A. 5725 CORPORATE WAY, #101 WEST PALM BEACH, FL 33401		Name C/O Meyers & Associate CPA PA	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable) 5725 Corporate Way #101	
City		City West Palm Beach	
State		State FL	
Zip Code		Zip Code 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: <i>Gail C Meyers</i>		DATE: <i>2/27/05</i>	
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, 2005 Fee will be \$550.00		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 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700 S. Olive Avenue West Palm Beach FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARNOLD, ROBERT J 215 S. OLIVE AVE., STE 200 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEYERS, GAIL C 5725 CORPORATE WAY, #101 WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <i>Gail C Meyers</i>		DATE: <i>2/27/05</i> Daytime Phone #: <i>561-684-6604</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	