

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29019

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** HIGH PLAINS CAPITAL CORPORATION

**Current Principal Place of Business:**

700 SOUTH OLIVE AVENUE  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MEYERS & ASSOCIATE, CPA, PA  
4540 PGA BOULEVARD, SUITE 216  
PALM BEACH GARDENS, FL 33418 US

**New Mailing Address:**

**FEI Number:** 59-1942407      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEYERS, GAIL C  
4540 PGA BOULEVARD  
SUITE 216  
PALM BEACH GARDENS, FL 33418 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HALMOS, PETER  
Address: 700 SOUTH OLIVE AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: T  
Name: MEYERS, GAIL C  
Address: 4540 PGA BOULEVARD, SUITE 216  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: S  
Name: HALMOS, NICHOLAS K  
Address: 700 SOUTH OLIVE AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GAIL C. MEYERS

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

TREA

02/09/2012

\_\_\_\_\_ Date