


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90048 036 \*\*\*150.00

<b>DOCUMENT # 456316</b> 1. Entity Name <b>HIGHLANDS AVIATION, INC.</b>					
Principal Place of Business <b>1400 W STATE STREET AVON PARK, FL 33825</b>			Mailing Address <b>1400 W STATE STREET AVON PARK, FL 33825</b>		
2. Principal Place of Business <b>1311 Aviation Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>1311 Aviation Way</b> Suite, Apt. #, etc.			
City & State <b>Avon Park, FL</b>		City & State <b>Avon Park, FL</b>		4. FEI Number <b>59-1688731</b>	
Zip <b>33825</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RENFRO, JAMES R 1400 WEST STATE STREET AVON PARK, FL 33825</b>			7. Name and Address of New Registered Agent Name <b>Renfro, James R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1311 Aviation Way</b>  City <b>Avon Park</b> <b>FL</b> Zip Code <b>33825</b>		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RENFRO, JAMES R 1400 W STATE AVON PARK, FL 00000, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Renfro, James R. 1311 Aviation Way Avon Park, FL 33825 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RENFRO, WENDY SUE 1400 W STATE AVON PARK, FL 00000, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDE Renfro, Wendy Sue 1311 Aviation Way Avon Park, FL 33825 <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	
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	
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.					
<b>SIGNATURE:</b> <i>Wendy Sue Renfro</i>			<b>WENDY SUE RENFRO</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>1/17/05</b> Daytime Phone # <b>(863) 452-2600</b>		