

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2008 08:00 AM
Secretary of State**

DOCUMENT # 456316

1. Entity Name
HIGHLANDS AVIATION, INC.



Principal Place of Business
**1311 AVIATION WAY
AVON PARK, FL 33825**

Mailing Address
**1311 AVIATION WAY
AVON PARK, FL 33825**



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1688731

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RENFRO, JAMES R
1311 AVIATION WAY
AVON PARK, FL 33825**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	PD RENFRO, JAMES R 1311 AVIATION WAY AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RENFRO, WENDY SUE 1311 AVIATION WAY AVON PARK, FL 33825
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01/23/08-80105-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Wendy Sue Renfro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08 *863-452-2600*
Date Daytime Phone #