

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 11, 2004  
Secretary of State**

DOCUMENT# 726497

Entity Name: SHEOAH HIGHLAND TWO, INC.

**Current Principal Place of Business:**

411 33 SHEOAH BLVD  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

**Current Mailing Address:**

411 33 SHEOAH BLVD  
WINTER SPRINGS, FL 32708 US

**New Mailing Address:**

FEI Number: 59-1463359      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BUTCHER, GARY  
411-33 SHEOAH BLVD  
WINTER SPRINGS, FL

**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 ( ) Delete  
Name: THOMPSON, ROBERT  
Address: 411-35 SHEOAH BLVD  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD ( ) Delete  
Name: URBAN, LEONARD  
Address: 136 PARK RD N  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VPD ( ) Delete  
Name: BUTCHER, GARY  
Address: 411-33 SHEOAH BLVD  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DS ( ) Delete  
Name: MYERS, DAVID  
Address: 409-255 SHEOAH BLVD  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DAVID, MYERS  
Address: 409-25 SHEOAH BLVD  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: THOMPSON, ROBERT  
Address: 411-35 SHEOAH BLVD  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DS (X) Change ( ) Addition  
Name: FINN, DORIS  
Address: 405-5 SHEOAH BLVD.  
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY W. BUTCHER

OD

03/11/2004

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

\_\_\_\_\_  
Date