## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 726497** 

FILED Mar 03, 2005 Secretary of State

Entity Name: SHEOAH HIGHLAND TWO, INC.								
Current Principal Place of Business:					New Principal Place of Business:			
411 33 SHE WINTER SF	OAH BLVD PRINGS, FL 3	32708	US					
Current Mailing Address:					New Mailing Address:			
411 33 SHE WINTER SE	OAH BLVD PRINGS, FL	32708	US					
FEI Number:	59-1463359	FEI Num	nber Applied For()	FEI Numl	ber Not Applic	able ( )	Certific	ate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
BUTCHER, GARY 411-33 SHEOAH BLVD WINTER SPRINGS, FL US					BUTCHER, GARY 411-33 SHEOAH BLVD WINTER SPRINGS, FL 32708 US			
The above in the State	named entity s of Florida.	submits th	nis statement for the pur	pose of	changing its	s registered (	office or I	registered agent, or both,
SIGNATURE: GARY W., BUTCHER					03/03/2005			
Electronic Signature of Registered Agent								Date
OFFICERS	AND DIREC	TORS:			ADDITIONS	S/CHANGES	TO OF	FICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PD () DAVID, MYERS 409-25 SHEOAI WINTER SPRIN	H BLVD	2708	1	Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition
Title: Name: Address: City-St-Zip:	TD () URBAN, LEONA 136 PARK RD N ROYAL PALM E	1	33411	1	Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition
Title: Name: Address: City-St-Zip:	VPD () THOMPSON, RO 411-35 SHEOAH WINTER SPRIN	H BLVD	2708	1	Title: Name: Address: City-St-Zip:	(	) Change	( ) Addition
Title: Name: Address: City-St-Zip:	DS () FINN, DORIS 405-5 SHEOAH WINTER SPRIN		2708	1	Title: Name: Address: City-St-Zip:	DS (X JACOBS, JANI 409-11 SHEON WINTER SPRI	ICE AH BLVD.	( ) Addition 32708
Title: Name: Address: City-St-Zip:	()	Delete		1	Title: Name: Address: City-St-Zip:	DS ( BUTCHER, GA 411-33 SHEO/ WINTER SPRI	RY W SR. AH BLVD.	

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 WAYNE BUTCHER, SR. MR. 03/03/2005