

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768275

FILED
Feb 25, 2006
Secretary of State

Entity Name: THE HIGHLANDS GUN CLUB, INC.

Current Principal Place of Business:

313 COWHOUSE RD
% GEORGE WILSON, PO BOX 389
LORIDA, FL 338579622 US

New Principal Place of Business:

Current Mailing Address:

313 COWHOUSE RD
% GEORGE WILSON, PO BOX 389
LORIDA, FL 338579622 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILSON, GEORGE M
313 COWHOUSE RD
LORIDA, FL 33857 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: S () Delete
Name: TAYLOR, BRUCE
Address: 36535 57TH AVE.
City-St-Zip: LAKE WORTH, FL 334632249

Title: P () Delete
Name: STEGALL, NEIL
Address: 3127 WASHINGTON RD.
City-St-Zip: WEST PALM BEACH, FL 33405

Title: DT () Delete
Name: WILSON, GEORGE,
Address: 313 COWHOUSE ROAD
City-St-Zip: LORIDA, FL

Title: VPD () Delete
Name: KOSKO, BOB
Address: 830 NE 59TH COURT
City-St-Zip: FT LAUDERDALE, FL

Title: VPD () Delete
Name: DANNER, JOHN
Address: 924 RANCHETTE
City-St-Zip: LORIDA, FL 33857

Title: D () Delete
Name: JAMES, ROBERT PAUL
Address: 6904 W CORTEZ RD
City-St-Zip: BRADENTON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GEORGE M. WILSON

DT

02/25/2006

Electronic Signature of Signing Officer or Director

Date