

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90116 024 ***150.00

DOCUMENT # F07000000401 1. Entity Name HIGH COUNTRY ENGINEERING, INC.					
Principal Place of Business 434 QUAIL RUN CRAWFORDVILLE, FL 32327			Mailing Address 14 INVERNESS DRIVE EAST SUITE F-120 ENGLEWOOD, CO 80112		
2. Principal Place of Business - No P.O. Box # 316 JASPER THOMAS ROAD		3. Mailing Address Suite, Apt. #, etc.			
City & State CRAWFORDVILLE, FL		City & State		4. FEI Number 84-0977936	
Zip 32327		Country U.S.A. WAKULLA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOPE, VERNON D II 434 QUAIL RUN CRAWFORDVILLE, FL 32327				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 316 JASPER THOMAS ROAD City CRAWFORDVILLE FL Zip Code 32327	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		VERNON D. HOPE II <small>(NOTE: Registered Agent signature required when reinstating)</small>		4/23/08 <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHRM HOPE, VERNON D II 434 QUAIL RUN CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY - ST - ZIP	} SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 316 JASPER THOMAS ROAD CRAWFORDVILLE, FL 32327	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOPE, VERNON D II 434 QUAIL RUN CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY - ST - ZIP	} SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 316 JASPER THOMAS ROAD CRAWFORDVILLE, FL 32327	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARRINGTON, FRANK W 1517 BLAKE AVE., SUITE 01 GLENWOOD SPRINGS, CO 81601		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NEAL, ROGER D 1517 BLAKE AVE., SUITE 01 GLENWOOD SPRINGS, CO 81601		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 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:		VERNON D. HOPE II		850-926-9256	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	