

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000001173

1. Entity Name
HIGH LEAH ELECTRONICS, INC.



Principal Place of Business
**76433 ALDER ST
OAKRIDGE, OR 97463 US**

Mailing Address
**P.O. BOX 1455
OAKRIDGE, OR 97463**

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
93-0927788

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PARALEGAL & ATTORNEY SERVICE BUREAU INC.
1406 HAYS STREET
SUITE 2
TALLAHASSEE, FL 32301**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	DV GIBSON, GUY P 76433 ALDER ST OAKRIDGE, OR 97463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS TAYLOR, BARBARA J 76433 ALDER ST OAKRIDGE, OR 97463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TAYLOR, ANDREA G 76433 ALDER ST. OAKRIDGE, OR 97463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/16/04-80020-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guy P. Gibson

1-13-04

541 782-3903

Date

Daytime Phone #