## 2007 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Jan 30, 2007 08:00 AM DOCUMENT # H90957 **Secretary of State** 1. Entity Name HIGHLAND SOFTWARE, INC. Principal Place of Business Malling Address P O BOX 033396 P 0 B0X 033396 INDIALANTIC, FL 32903 INDIALANTIC, FL 32903 CR2E034 (11/05) 01262007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2620360 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WEEMHOFF, JAMES H. DO NOT WRITE PO BOX 3396 INDIALANTIC, FL 32903 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, typud or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PΩ WEEMHOFF, JAMES H. NAME

U00000611260 02/02/07-80054-017 150.00

Applied For

Not Applicable

## DO NOT WRITE IN THIS SPACE

12. Thereby 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 foceiver 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 attack

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-SI-ZIP IIILE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

THLE NAME PO BOX 3396

INDIALANTIC, FL 32903