2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 08, 2005 08:00 AM Secretary of State DOCUMENT # K54724 1. Entity Name HIGHLAND GRAPHIC ARTS, INC. Principal Place of Business _ _Mailing Address 2185 SIESTA DRIVE P O BOX 15907 SARASOTA FL 34239 US. SARASOTA FL 34277 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0095573 Not Applicable Country Ζip Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COBB, CHARL Street Address (P.O. Box Number is Not Acceptable) 6321 MCKOWN ROAD SARASOTA FL 34240 City Zip Code 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition THE Delete TITLE NAME COBB, CHARL NAME 2125 SIESTA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FE Change ☐ Addition TITLE ☐ Delete TITLE U00000293594 NAME NAME 04/08/05-80034-024 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY, ST. 7P CITY-S1-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY \$1-7IP Change ☐ Addition TITLE ☐ Detete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TrTr F Addition Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST /IP CITY ST ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

with all other like empowered.

NAME OF SIGNING OFFICER OF DIRECTOR

changed, or on an attachment with an address

SIGNATURE