

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2005  
Secretary of State**

DOCUMENT# N02000006011

Entity Name: STOP HIGHRISES, INC

**Current Principal Place of Business:**

109 LAKE PLACE  
PANAMA CITY BEACH, FL 32413

**New Principal Place of Business:**

**Current Mailing Address:**

109 LAKE PLACE  
PANAMA CITY BEACH, FL 32413

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

HARRISON, BRENDA  
109 LAKE PLACE  
PANAMA CITY BEACH, FL 32413 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: DP ( ) Delete  
Name: HARRISON, BRENDA  
Address: 109 LAKE PLACE  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: DV ( ) Delete  
Name: WRENN, JAY  
Address: 508 LA GRAND DR.  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D ( ) Delete  
Name: BURKE, CHARLIE  
Address: 227 CHRISTMAS TREE LN.  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D ( ) Change (X) Addition  
Name: SMITH, CHARLES  
Address: 111 E. LAKESHORE DR  
City-St-Zip: LAGUNA BEACH, FL 32413

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRENDA HARRISON

DP

04/29/2005

Electronic Signature of Signing Officer or Director

Date