


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000003045 1. Entity Name TEMPLE TERRACE HIGHLANDERS, INC.	
--	---

Principal Place of Business 5802A E. FOWLER AVE., SUITE 139 TEMPLE TERRACE, FL 33617	Mailing Address 5802A E. FOWLER AVE., SUITE 139 TEMPLE TERRACE, FL 33617
--	--



03062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2346153	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KING, JERRY M 5802A E. FOWLER AVE., SUITE 139 TEMPLE TERRACE, FL 33617

**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 <i>Jerry M. King</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>4/20/05</i> <small>(NOTE: Registered Agent signature required when reappointing)</small>

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, JERRY 6209 SOARING AVE. TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLANTONIO, NICK 14337 DIPLOMAT CIR. TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONAHUE, JOHN 18109 ASHTON PARK WAY TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOOTEN, BRYON R 1127 W. RIVER DR. TEMPLE TERRACE, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000327596
04/25/05-80044-014 70.00

**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 617, 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <i>4/2/05</i> DAYTIME PHONE # <i>(813) 989-7121 ext 102</i>