

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000003104

FILED
Oct 04, 2005
Secretary of State

Entity Name: HIGHLANDS PEDALERS, INC.

Current Principal Place of Business:

307 S COMMERCE AVE
SEBRING, FL 33870

New Principal Place of Business:

309 CIRCLE PARK DRIVE
SEBRING, FL 33870

Current Mailing Address:

307 S COMMERCE AVE
SEBRING, FL 33870

New Mailing Address:

309 CIRCLE PARK DRIVE
SEBRING, FL 33870

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDREWS, DANIEL F
3531 US 27 S
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

ANDREWS, DANIEL F
309 CIRCLE PARK DRIVE
SEBRING, FL 33870 US

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: DANIEL F. ANDREWS

10/04/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MORRIS, TERRILL L
Address: 307 S COMMERCE AVE
City-St-Zip: SEBRING, FL 33870

Title: DV () Delete
Name: HODGES, BOB
Address: 4605 OAK CIR
City-St-Zip: SEBRING, FL 33872

Title: DT () Delete
Name: SMITH, CANDACE
Address: 626 SCHLOSSER RD
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: SMITH, DARRELL
Address: 626 SCHLOSSER RD
City-St-Zip: SEBRING, FL 33875

Title: DS () Delete
Name: FREELAND, KEN
Address: 208 PARKVIEW RD
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: ANDREWS, MARK
Address: 721 NE LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ANDREWS, MARK
Address: 2351 LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870

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: TERRILL MORRIS

DP

10/04/2005

Electronic Signature of Signing Officer or Director

Date