

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003104

FILED  
Jan 11, 2008  
Secretary of State

Entity Name: HIGHLANDS PEDALERS, INC.

**Current Principal Place of Business:**

227 US 27 NORTH  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

227 US 27 NORTH  
SEBRING, FL 33870

**New Mailing Address:**

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

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

ANDREWS, DANIEL F  
227 US 27 NORTH  
SEBRING, FL 33870 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: 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: 2351 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DANIEL ANDREWS

RA

01/11/2008

Electronic Signature of Signing Officer or Director

Date