


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90328 047 ****61.25

DOCUMENT # N04000008470		
1. Entity Name THE HIGHLANDS RETREAT & NATURE PRESERVE, INC.		

Principal Place of Business 1664 PADGETT FARM RD PONCE DE LEON, FL 32435	Mailing Address P.O. BOX 1368 DEFUNIAK SPRINGS, FL 32435
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2. Principal Place of Business 1662 THISTLE LANE	3. Mailing Address PO BOX 1368
Suite, Apt. #, etc. STE A	Suite, Apt. #, etc.

City & State PONCE DE LEON, FL	City & State DEFUNIAK SPRINGS, FL
Zip 32435	Zip 32435
Country USA	Country USA

04052006 Chg-NP CR2E037 (11/05)

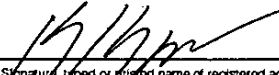


4. FEI Number 42-1656608	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KOZLOWSKI, KATHE 179 N 9TH STREET STE 1 DEFUNIAK SPRINGS, FL 32433		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1662 THISTLE LANE, STE B City & State PONCE DE LEON FL Zip Code 32435	
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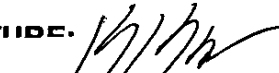
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/4/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD KOZLOWSKI, KATHE 1664 PADGETT FARM RD PONCE DE LEON, FL 32435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1677 THISTLE LANE PONCE DE LEON, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOZLOWSKI, FRANK A 1664 PADGETT FARM RD PONCE DE LEON, FL 32435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1677 THISTLE LANE PONCE DE LEON, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMONS, KAY 264 HURLEY DR DEFUNIAK SPRINGS, FL 32433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT RACHLIN 11120 N. KENDALL DR. STE 201 MIAMI FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  DATE **4/4/06** **3017354378**