2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# N08000002903

Entity Name: HIGHLANDS WOODCARVERS, INC.

Current Principal Place of Business:

1454 WHISPER CIRCLE
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

PO BOX 7503
SEBRING, FL 33872

New Mailing Address:

1454 WHISPER CIRCLE
SEBRING, FL 33870

FEI Number: 32-0246627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWDISH, JERRY
2803 LAS VEGAS BLVD
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: PERKINS, AARON H
Address: 1454 WHISPER CIRCLE
City-St-Zip: SEBRING, FL 33870

Title: DVP ( ) Delete
Name: SEYBOLT, ROBERT
Address: 1844 SANDRA BLVD
City-St-Zip: SEBRING, FL 33870

Title: DS ( ) Delete
Name: THOMAS, CHUCK
Address: 487 E TREVINO CIRCLE
City-St-Zip: AVON PARK, FL 33825

Title: DT ( ) Delete
Name: BOWDISH, JERRY
Address: 2803 LAS VEGAS BLVD
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:

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: AARON H. PERKINS DP 04/04/2009

Electronic Signature of Signing Officer or Director — Date