

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30955

FILED
Jan 08, 2008
Secretary of State

Entity Name: GULF HIGHLANDS I, INC.

Current Principal Place of Business:

10997 HUTCHINSON BLVD
PANAMA CITY BEACH, FL 32407 US

New Principal Place of Business:

Current Mailing Address:

939 JENKS AVENUE
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 59-3024723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERRITT, THOMAS A
939 JENKS AVENUE
PANAMA CITY, FL 32401 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: PD () Delete
Name: SMITHSON, ROBERT
Address: 101 KAREN DRIVE
City-St-Zip: ENTERPRISE, AL 36330

Title: SD () Delete
Name: MCDONALD, RAYMOND
Address: 2353 COUNTRY LINE CHURCH ROAD
City-St-Zip: WARM SPRINGS, GA 31830

Title: AT () Delete
Name: SHEPARD, MAC
Address: 939 JENKS AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: TD () Delete
Name: LATIF, AMBEREEN
Address: P.O. BOX 9633
City-St-Zip: PANAMA CITY BEACH, FL 32417

Title: D () Delete
Name: WILLIAMS, STEVE D
Address: 1213 MAPLE CREEK LANE
City-St-Zip: LOGANVILLE, GA 30052

Title: VPD () Delete
Name: MULLIS, RICHARD P
Address: P.O. BOX 1219
City-St-Zip: ROBBINSVILLE, NC 28771

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
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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: MAC SHEPARD

AT

01/08/2008

Electronic Signature of Signing Officer or Director

Date