2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 8:00 am Secretary of State

1. Entity Nam HIGH PO				02-11-2008	90003 023	, 01	.23		
Principal Place of Business 508 HIGH POINT DR MOUNT DORA, FL 32757 MOUNT DORA, FL 32757 Mailing Address 508 HIGH POINT DR MOUNT DORA, FL 32757			.7		4t	022(e52		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01282008	Chg-NP	CR2E037	(12/06)	
City & State		City & State			4. FEI Number 59-3095			<u> </u>	plied For t Applicable
Zip	Country	Zip	Country			f Status Desired	<u></u>	8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent	N		7. Name and A	Address of New	Registered Ag	gent	
DARST, JAMES			Name	Name					
515 HIGHPOINT DRIVE MOUNT DORA, FL 32757			Streel A	reel Address (P.O. Box Number is Not Acceptable)					_
			City	. ,	·		FL	Zip Code	e
SIGNATURE Signature. typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when rematating) DATE Signature. typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when rematating) DATE Signature. typed or printed name of registered agent and title it applicable. Signature. typed or printed name of registered agent and title it applicable. Signature. typed or printed name of registered agent and title it applicable. Titling Fee is \$61.25 Due by May 1, 2008 Signature. typed or printed name of registered agent and title it applicable. Trust Fund Contribution. DATE Make check payable to Fiorida Department of State						7			
	Filing Fee is \$61.25	9. Election Cam	paign Financing				Make check		
	Filing Fee is \$61.25	9: Election Cam Trust Fund Co	paign Financing			Fio	Make check i	nent of St	ate
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9: Election Cam Trust Fund Co	paign Financing- ontribution.		Added to Fees	Fio	Make check orida Departn	nent of St	ate
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES DARST