


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90064 006 ****61.25

DOCUMENT # N95000001762					
1. Entity Name KEEP HIGHLANDS COUNTY BEAUTIFUL, INC.					
Principal Place of Business 6000 SKIPPER ROAD SUITE 400A SEBRING, FL 33870 US		Mailing Address 6000 SKIPPER ROAD SEBRING, FL 33870-5951 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0580849	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EISENHART, MIKE 6000 SKIPPER ROAD SEBRING, FL 33870			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, BERT		NAME	TERRY COLLIER	
STREET ADDRESS	212 INTERLAKE BLVD.		STREET ADDRESS	3207 KENILWORTH BLVD	
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP	SEBRING FL 33870	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APPLEQUIST, DON		NAME	SANDY SMITH	
STREET ADDRESS	23 E. MAIN ST		STREET ADDRESS	426 SCHOOL ST	
CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP	SEBRING FL 33872	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENTY, DORIS		NAME		
STREET ADDRESS	600 W COLLEGE DR		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAULS, LOUISE		NAME		
STREET ADDRESS	2520 NE LAKEVIEW DR.		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 33870		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, MICHELE		NAME		
STREET ADDRESS	1481 LAKE LOTELA DR.		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHYPPERS, CAROLYN		NAME		
STREET ADDRESS	705 CR. 621 E.		STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID, FL 33852		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Doris M Genty</u> SECRETARY <u>2/16/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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