


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90063 019 \*\*\*\*61.25

<b>DOCUMENT # N95000001762</b> 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 - No P.O. Box # <b>6000 Skipper Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>6000 Skipper Road</b> Suite, Apt. #, etc.
City & State <b>Sebring, FL</b>		City & State <b>Sebring, FL</b>
Zip <b>33876-5951</b>	Country	Zip <b>33876-5951</b>
4. FEI Number <b>65-0580849</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		01312008 Chg-NP CR2E037 (12/06) <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent COOPER, SHERRI L 6000 SKIPPER ROAD SEBRING, FL 33870		7. Name and Address of New Registered Agent 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 <u>Sherri L. Cooper</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>3/06/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>Make check payable to Florida Department of State</b>		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLLIER, TERRY 3207 KENILWORTH BLVD SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PYRE, THELMA 8605 CORMORANT POINT SEBRING, FL 33872 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTS, MICHELLE 1481 LAKE LOTELA DR AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SUTHLAND, MARIA 110 E MAIN ST AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTS, MICHELE 1481 LAKE LOTELA DR. AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, CHRISTY 6000 SKIPPER RD SEBRING, FL 338765951 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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: <u>Christy C. Reed</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>03/06/08</u> <small>Date</small>
		DAYTIME PHONE # <u>(863) 655-6477</u> <small>Daytime Phone #</small>

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