

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90128 028 ****61.25

DOCUMENT # N95000002010

1. Entity Name

HIGHSTEPPERS, INC.



Principal Place of Business

17 NW INDUSTRIAL STREET
FT WALTON BEACH FL 32548-4813
US

Mailing Address

17 NW INDUSTRIAL STREET
FT WALTON BEACH FL 32548-4813
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3316864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETTY, JAMES A
397 CANTERBURY CIRCLE
FORT WALTON BEACH FL 32548

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature must be witnessed when constituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME
STREET ADDRESS
CITY - ST - ZIP
DPD
JAMES PETTY
397 CANTERBURY CIR
FT. WALTON BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
LAFAYE, BARBARA
15 CALHOUN AVE
DESTIN FL 32541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☒ Delete
KURZ, ANITA
821 WEEDEN ISLAND DRIVE
NICEVILLE FL 32578

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D ☐ Change ☒ Addition
Warner, Kathy
235 Linstew Drive
Fort Walton Beach, FL 32548

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD ☒ Delete
MILLER, BARBARA
400 RIDGEWOOD CIRCLE
DESTIN FL 32541

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD ☐ Change ☒ Addition
Kline, Patricia
219 Fliva Ave. NW
Fort Walton Beach, FL 32548

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S ☒ Delete
WADE, DIANA
220 ELLIOTT ROAD
DESTIN FL 32541

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S ☐ Change ☒ Addition
Skeel, Elaine
720 Gulf Shore Drive, #703
Destin, FL 32541

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

(CONTINUED ON NEXT SHEET)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Barbara A. Lafaye Barbara A. Lafaye 04/14/08 850.837.2524

2008 NOT-FOR-PROFIT CORPORATION

ATTACHMENT

ANNUAL REPORT (AR)

DOCUMENT # N95000002010



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HIGHSTEPPERS, INC.

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FT WALTON BEACH FL 32548-4813
US

Mailing Address

17 NW INDUSTRIAL STREET
FT WALTON BEACH FL 32548-4813
US

40092847

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-3316864

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

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FORT WALTON BEACH FL 32548

Name

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 20089. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
☐ Delete				☐ Change ☒ Addition	PD Browe, Kathy	127 Wekiva Cove	Destin, FL 32541
☐ Delete				☐ Change ☒ Addition	D Blackmon, Rebecca	520 Santa Rosa Blvd., #119	Fort Walton Beach, FL 32548
☐ Delete				☐ Change ☒ Addition	D Van Hoesen, William	1687 Hwy.98 West, Unit #3	Mary Esther, FL 32569
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			
☐ Delete				☐ Change ☐ Addition			

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SIGNATURE:

Barbara A. Lafaye Barbara A. Lafaye

04/14/08

850.837.2524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #