


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90001 017 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N96000000240</b>                        |  |
| 1. Entity Name<br><b>HIGHLANDAIRES BIG BAND, INC.</b> |   |

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| Principal Place of Business<br><b>308 OAK KNOLLS CIRCLE<br/>SEBRING FL 33870</b> | Mailing Address<br><b>308 OAK KNOLLS CIRCLE<br/>SEBRING FL 33870</b> |
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|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

1st MOORE CR2E037 (10/06)

|              |              |                                    |                               |
|--------------|--------------|------------------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number<br><b>65-0625063</b> | Applied For<br>Not Applicable |
| Zip          | Country      | Zip                                | Country                       |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|---|---------------------------------------|

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>MCCOLLUM, JAMES F<br/>129 S COMMERCE AVENUE<br/>SEBRING FL 33870</b> |
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| <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
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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.

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|--|--|------|
| SIGNATURE<br>Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
|--|--|------|

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| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b> |
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|---|------------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
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| <b>Make Check Payable to<br/>Florida Department of State</b> |
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| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WHITE, CHARLES<br>2608 SUMMIT DR<br>SEBRING FL 33870 <input checked="" type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>STADELIN, JOESPH<br>2105 SE 8TH AVE<br>OKEECHOBEE FL 34974 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>WOLCOTT, WILLIAM<br>308 OAK KNOLLS CIR.<br>SEBRING FL 33870 <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NAYLOR, DAVID<br>2800 S DRIFTWOOD CT<br>AVON PARK FL 33825 <input checked="" type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P.D.<br>ALLAN SCHWARB<br>1206 CYPRESS POINT E.<br>WINTER HAVEN, FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D. & U. PRES.<br>DAVID NAYLOR<br>2800 S. DRIFTWOOD CT.<br>AVON PARK, FL. 33825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D.<br>PETER GRAVES<br>1655 LAKEVIEW DR.<br>UNIT A201<br>SEBRING, FL. 33870 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: <u>William E. Wolcott</u>                               | <u>2/17/07</u> | <u>863-655-4119</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date           | Daytime Phone #     |