

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0100003173 1. Entity Name HIGHEST PLANE, INC.		
Principal Place of Business 6160 N DAVIS HWY STE B PENSACOLA, FL 32504		Mailing Address PSC 78 BOX 164 APO, AP 96326-0001
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip Country		Zip Country
<input type="checkbox"/> CHECK HERE IF MAKING CHANGES		
4. FEI Number 59-3886480		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BEARS, ANN 6160 N DAVIS HWY STE B PENSACOLA, FL 32504		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent (AKA) only is acceptable. (NOTE: Registered Agent Signature required when so stated)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		CP2E034 (10/02)
TITLE PRES <input type="checkbox"/> Delete	NAME JOHNSON, HEIDI M	STREET ADDRESS PSC 78 BOX 164
CITY-ST-ZIP APO, AP, CA 963260001	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> Delete	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 607, 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 empowerments.		
SIGNATURE: <i>Heidi M Johnson</i>		Heidi M. Johnson April 8 th 03 227-5376
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR</small>		<small>Date</small>

90090619

