

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90039 025 ***150.00

DOCUMENT # P01000003921

1. Entity Name

R.C.B. OF HIGHLANDS COUNTY, INC.



Principal Place of Business

103 SOUTH RIDGEWOOD DR
SEBRING FL 33870

Mailing Address

103 SOUTH RIDGEWOOD DR
SEBRING FL 33870



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

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-1071159

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

CRUMLEY, RHONDA
113 SOUTH CIRCLE
SEBRING FL 33870

Delete

Name

James W. Whitlock

Street Address (P.O. Box Number is Not Acceptable)

103 S. Ridgewood Dr.

Sebring

FL

Zip Code 33870

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]

3-17-08

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

(NOTE: Registered Agent's signature required when reconstituting)

DATE

FILE-NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CRUMLEY, RHONDA	
STREET ADDRESS	103 SOUTH RIDGEWOOD DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	P	<input type="checkbox"/> Delete
NAME	WHITLOCK, JAMES W	
STREET ADDRESS	103 SOUTH RIDGEWOOD DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WHITLOCK, KATHRYN J	
STREET ADDRESS	103 SOUTH RIDGEWOOD DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathryn J. Whitlock	
STREET ADDRESS	103 S. Ridgewood Dr.	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathryn J. Whitlock	
STREET ADDRESS	103 S. Ridgewood Dr.	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE	J	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James W. Whitlock	
STREET ADDRESS	103 S. Ridgewood Dr.	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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 empowered.

SIGNATURE:

[Signature]

V.P. / Sec. 3-17-08 863-402-6585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #