


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90006 049 ***150.00

DOCUMENT # P01000067024		
1. Entity Name HIGHLAND HOMES, INC.		

Principal Place of Business 3200 N FEDERAL HWY SUITE 228 BOCA RATON, FL 33431	Mailing Address 3200 N FEDERAL HWY SUITE 228 BOCA RATON, FL 33431
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2. Principal Place of Business - No P.O. Box # 348 NE 1ST AVE	3. Mailing Address 348 NE 1ST AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DELRAY BEACH FL	City & State DELRAY BEACH FL
Zip 33444	Country USA

40009856



01242007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1146314	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 GERKEN, STEPHEN L 3200 N FEDERAL HWY SUITE 228 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name GERKEN, STEPHEN L Street Address (P.O. Box Number is Not Acceptable) 348 NE 1ST AVENUE City DELRAY BEACH FL Zip Code 33444	
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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.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GERKEN, STEPHEN L 3200 N FEDERAL HWY., STE 228 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GERKEN, STEPHEN L 348 NE 1ST AVENUE DELRAY BEACH, FL 33444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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 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: Stephen L Gerken President 1-30-07 561 756-9755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Stephen L Gerken