## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000085178  1. Entity Name HIGHLAND, INC.	FILED  05 APR 13 PM 9: 50
Principal Place of Business 3705 WICKLOW CIRCLE TALLAHASSEE, FL 32309  Mailing Address 3705 WICKLOW CIRCLE TALLAHASSEE, FL 32309  TALLAHASSEE, FL 32309	SECRETARY OF STATE TALLAHASSEE. FLORIDA
DO NOT WRITE IN THIS SPA	04132005 No Chg-P CR2E034 (10/03)
6. Name and Address of Current Registered Agent REILLY, STEPHEN C 3705 WICKLOW CIRCLE TALLAHASSEE, FL 32309	DO NOT WRITE IN THIS SPACE
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 tale if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Re-10055661503 Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS  TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE  exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 reserver 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:  SAMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Desymme Phone s	