



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90083 037 ***150.00

DOCUMENT # P03000100895					
1. Entity Name UNIQUE ENTERPRISES OF HIGHLANDS COUNTY INC.					
Principal Place of Business 343 E PHOENIX AVE LAKE PLACID, FL 33852			Mailing Address 343 E PHOENIX AVE LAKE PLACID, FL 33852		
2. Principal Place of Business 381 EAST Interlake Blvd Suite, Apt. #, etc.		3. Mailing Address 381 E Interlake Blvd Suite, Apt. #, etc.			
City & State Lake Placid FL		City & State Lake Placid FL			
Zip 33852		Country USA			
4. FEI Number 57-1185236		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		04012004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent WHITE-MAY, ELAINE 1612 FIRST ST LAKE PLACID, FL 33852					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				04012004 Chg-P CR2E034 (10/03)	
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: <i>Elaine White-May</i> President DATE: 4-11-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		04012004 Chg-P CR2E034 (10/03)	
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		04012004 Chg-P CR2E034 (10/03)		04012004 Chg-P CR2E034 (10/03)	
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 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: *Elaine White-May* 4-11-04 863-465-5530