

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 12, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P03000125082</b>	
1. Entity Name <b>AIM HIGH PROPERTIES, INC.</b>	
Principal Place of Business <b>7938 LOLA CIR NAVARRE, FL 32566</b>	Mailing Address <b>7938 LOLA CIR --- NAVARRE, FL 32566</b>



02082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0445210</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>LYNCHARD, R. LANE 8525 NAVARRE PARKWAY NAVARRE, FL 32568</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANION, SARA LYNN 7938 LOLA CIR NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANION, MICHAEL HENRY 7938 LOLA CIR NAVARRE, FL 32566
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03/14/05-80023-014 150.00

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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:** Sara L. Manion Sara L. Manion 850-936-5939  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #