

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000140806	
1. Entity Name HIGHLANDER GROUP, INC.	

Principal Place of Business 16644 VALLELY DR TAMPA, FL 33618	Mailing Address 16644 VALLELY DR TAMPA, FL 33618
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DO NOT WRITE IN THIS SPACE

	
04092007 No Chg-P	CR2E034 (11/05)
4. FEI Number 20-0473485	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
BEARD, JR, ROBERT G JD, CPA 16644 VALLELY DR TAMPA, FL 33618	

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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 _____ (NOTE: Registered Agent signature required when renewing)

Signature, typed or printed name of registered agent and title if applicable DATE

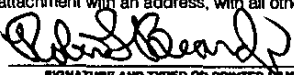
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEARD, KAREN A 16644 VALLELY DR TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BEARD, JR, ROBERT G JD, CPA 16644 VALLELY DR TAMPA, FL 33618
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04/26/07-80006-006 150.00

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:  **Robert G. Beard, Jr.** 04/11/2007 (813) 963-0251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #