2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PACER OR DIRECTOR

Mar 02, 2007 8:00 am Secretary of State DOCUMENT # P03000154883 03-02-2007 90027 019 ***150.00 R.P. ENTERPRISE OF HIGHLANDS COUNTY, INC. Principal Place of Business Mailing Address 2494 S LAKE LETTA DR AVON PARK FL 33825 2494 S LAKE LETTA DR AVON PARK FL 33825 2. Principal Place of Business - No P.O. Box # Hone 1335 augar B 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For 20-0541919 Schrina Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEARSON, RUSSELL R JR Street Address (P.O. Box Number is Not Acceptable) 2494 S LAKE LEITA DRIVE AVON PARK FL 33825 Zip Code 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, lyged or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE X Change ☐ Addition PEARSON, RUSSELL R JR NAME NAME 2494 S LAKE LETTA DRIVE STREET ADDRESS STREET ADDRESS AVON PARK FL 33825 CITY-SI-ZIP CITY ST-7IP n TITLE HILL ☐ Change ■ Addition DURRANCE, LISA GAY NAMI NAME 2494 S LAKE LETTA DRIVE STREET ADDRESS STREET ADDRESS AVON PARK FL 33825 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete MILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SI-ZIP HHE ☐ Delete TIDE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP HILL ☐ Defete IIILE Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect 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.

FILED