

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AF)

FILED

**Feb 22, 2008 08:00 AM
Secretary of State**

DOCUMENT # P05000119674	
1. Entity Name HIGHER SIGHT INC.	

Principal Place of Business 223 DOLPHIN COVE CT. BONITA SPRINGS FL 34134	Mailing Address 223 DOLPHIN COVE CT. BONITA SPRINGS FL 34134
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2. Principal Place of Business - No P.O. Box # State, Apt. #, etc.	3. Mailing Address State, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	City & State	4. FEI Number 90-0246319	Applied For ☐ Not Applicable ☐
Zip	Country	Zip	Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MILLER, ROGER L 223 DOLPHIN COVE CT. BONITA SPRINGS FL 34134	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	DR. SICA, GREGORY T 912 SW 9TH STREET CIRCLE, APT 102 BOCA RATON FL 33486 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
U00000835435 02/29/08-80034-013 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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.	
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SIGNATURE: *Dwight Sica* **GREGORY SICA, President 2/14/08 617-645-4167**