

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000163145

FILED  
Jan 18, 2007  
Secretary of State

Entity Name: HIGH CLIMBERS, INC.

## Current Principal Place of Business:

368 GLENWOOD ROAD  
DELAND, FL 32720 US

## New Principal Place of Business:

5379 SWAYING PALM DRIVE  
PUNTA GORDA, FL 33982 US

## Current Mailing Address:

368 GLENWOOD ROAD  
DELAND, FL 32720 US

## New Mailing Address:

5379 SWAYING PALM DRIVE  
PUNTA GORDA, FL 32720 US

FEI Number: 20-3838103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEADLE, ALLAN K  
5379 SWAYING PALM  
PUNTA GORDA, FL 33982 US

## Name and Address of New Registered Agent:

KOT, ALLAN D  
5379 SWAYING PALM  
PUNTA GORDA, FL 33982 US

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.

SIGNATURE: ALLAN K KOT

01/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KEADLE, ALLAN K  
Address: 368 GLENWOOD ROAD  
City-St-Zip: DELAND, FL 32720 US

Title: VP ( ) Delete  
Name: PEERS, ROBERT M  
Address: 368 GLENWOOD ROAD  
City-St-Zip: DELAND, FL 32720 US

Title: S ( ) Delete  
Name: PEERS, RICHARD A  
Address: 368 GLENWOOD ROAD  
City-St-Zip: DELAND, FL 32720 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KOT, ALLAN D  
Address: 5379 SWAYING PALM DRIVE  
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: VP (X) Change ( ) Addition  
Name: PEERS, ROBERT M  
Address: 5379 SWAYING PALM DRIVE  
City-St-Zip: PUNTA GORDA, FL 33982 US

Title: S (X) Change ( ) Addition  
Name: PEERS, RICHARD A  
Address: 5379 SWAYING PALM DRIVE  
City-St-Zip: PUNTA GORDA, FL 33982 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLAN D. KOT

P

01/18/2007

Electronic Signature of Signing Officer or Director

Date