Fax:

FILED
Jun 07, 2007 8:00 am
Secretary of State
05-17-2007 90034 050 ***150.00
06-07-2007 90004 029 ***150.00

5/17/

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000117471

1. Entity Name
HILIGHT ELECTRONIC DISPLAYS, INC.

40120122

Principal Place of Business
10030 AUTUMN LANE
PENSACOLA, FL 32514

Mailing Address
10030 AUTUMN LANE
PENSACOLA, FL 32514

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

[illegible] Chg-P CR2E034 (12/06)

4. FEI Number: 20-5610035 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PATTERSON, DON
10030 AUTUMN LANE
PENSACOLA, FL 32514

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: [signature] 4-30-07
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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATTERSON, DON 10030 AUTUMN LANE PENSACOLA, FL 32514	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATTERSON, KYLE 10030 AUTUMN LANE PENSACOLA, FL 32514	☐ 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
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
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 exemption 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 [illegible]

SIGNATURE: [signature] 4-30-07
Signature of officer or director [illegible] Date Daytime Phone #

850-484-9829 cell