

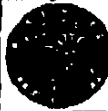
Fax:

FILED
Jun 07, 2007 8:00 am
Secretary of State

05-17-2007 90034 050 ***150.00
 06-07-2007 90004 029 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

5/37/

DOCUMENT # P08000117471			
1. Entity Name HILIGHT ELECTRONIC DISPLAYS, INC.			
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?		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. State and Address of Current Registered Agent PATTERSON, DON 10030 AUTUMN LANE PENSACOLA, FL 32514		5. State and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box number is not permitted)		Street Address (P.O. Box number is not permitted)	
City		City	
FL		FL	
Zip Code		Zip Code	
6. I, the undersigned, certify under this statement for the purpose of filing in registered office or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <u><i>Don Patterson</i></u> 4-30-07			
FILE NUMBER: FILE NO 8106-09 ANNUAL REPORT 4-30-07 Fee will be \$250.00		7. Check Campaign Financing Tax Fund Contribution ☐ \$5.00 may be Applied to Fees	
8. ADDITIONAL REGISTRARS		9. ADDITIONAL REGISTRARS TO GOVERNORS AND DIRECTORS IN IT	
NAME DON PATTERSON CITY-STATE-ZIP	DATE 4-30-07 DIRECT ADDRESS CITY-STATE-ZIP	NAME DON PATTERSON CITY-STATE-ZIP	DATE 4-30-07 DIRECT ADDRESS CITY-STATE-ZIP
NAME DON PATTERSON CITY-STATE-ZIP	DATE 4-30-07 DIRECT ADDRESS CITY-STATE-ZIP	NAME DON PATTERSON CITY-STATE-ZIP	DATE 4-30-07 DIRECT ADDRESS CITY-STATE-ZIP
NAME DON PATTERSON CITY-STATE-ZIP	DATE 4-30-07 DIRECT ADDRESS CITY-STATE-ZIP	NAME DON PATTERSON CITY-STATE-ZIP	DATE 4-30-07 DIRECT ADDRESS CITY-STATE-ZIP
NAME DON PATTERSON CITY-STATE-ZIP	DATE 4-30-07 DIRECT ADDRESS CITY-STATE-ZIP	NAME DON PATTERSON CITY-STATE-ZIP	DATE 4-30-07 DIRECT ADDRESS CITY-STATE-ZIP
NAME DON PATTERSON CITY-STATE-ZIP	DATE 4-30-07 DIRECT ADDRESS CITY-STATE-ZIP	NAME DON PATTERSON CITY-STATE-ZIP	DATE 4-30-07 DIRECT ADDRESS CITY-STATE-ZIP
NAME DON PATTERSON CITY-STATE-ZIP	DATE 4-30-07 DIRECT ADDRESS CITY-STATE-ZIP	NAME DON PATTERSON CITY-STATE-ZIP	DATE 4-30-07 DIRECT ADDRESS CITY-STATE-ZIP
10. I hereby certify that the information contained on this filing complies with the requirements contained in Chapter 119, Florida Statutes. I further certify that the information submitted on this report or incorporation report is true and correct and that my signature was made on the report under oath. I am not an officer or director of the corporation or the receiver or liquidator of the corporation. I am not a person who is prohibited by Chapter 409, Florida Statutes, and that my name appears in Block 10 or Block 11 of this report.			
SIGNATURE: <u><i>Don Patterson</i></u> 4-30-07			

40120122



04282307 CHG-P C0282304 (10/08)

4. CR Number: **10-5610035** Applied For (Not Applicable)

4. Certificate of Status Certified ☐ 5.75 Additional Fee Required

850-484-4829
 call