

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90061 037 \*\*\*150.00

**DOCUMENT # P29019**

1. Entity Name  
**HIGH PLAINS CAPITAL CORPORATION**



Principal Place of Business  
**215 S. OLIVE AVENUE  
SUITE 200  
WEST PALM BEACH, FL 33401 US**

Mailing Address  
**C/O MCGRATH & MEYERS, P.A.  
5725 CORPORATE WAY, SUITE 101  
WEST PALM BEACH, FL 33407**

**44005764**



2. Principal Place of Business  
**700 South Olive Avenue**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01272004 Chg-P CR2E034 (10/03)

City & State  
**West Palm Beach, FL**

City & State

4. FEI Number  
**59-1942407**

Applied For  
Not Applicable

Zip  
**33401**

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**ARNOLD, ROBERT J  
215 S. OLIVE, SUITE 215  
WEST PALM BEACH, FL 33401**

Name  
**Gail C. Meyers**

Street Address (P.O. Box Number is Not Acceptable)  
**C/O McGrath & Meyers PA**

**5725 Corporate Way #101**

**West Palm Beach**

**FL 33407**

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

*Gail C. Meyers*

(NOTE: Registered Agent signature required when reinstating)

**1/27/04**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD  
HALMOS, PETER  
215 S. OLIVE AVE., SUITE 200  
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
ARNOLD, ROBERT J  
215 S. OLIVE AVE., STE 200  
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer  
Gail C. Meyers  
5725 Corporate Way #101  
West Palm Beach FL 33407** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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 stated in Section 119.07(3)(i), 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.

SIGNATURE:

*Gail C. Meyers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/25/04**

DATE

**561-684-6604**

DAYTIME PHONE #