


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90150 016 ***150.00

DOCUMENT # P29019 1. Entity Name HIGH PLAINS CAPITAL CORPORATION					
Principal Place of Business 700 SOUTH OLIVE AVE. 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		
2. Principal Place of Business		3. Mailing Address C/O Meyers & Associate CPA PA			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 5725 Corporate Way #101		02142005 Chg-P CR2E034 (10/03)	
City & State		City & State West Palm Beach FL		4. FEI Number 59-1942407	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33407		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MEYERS, GAIL C C/O MCGRATH & MEYERS, P.A. 5725 CORPORATE WAY, #101 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) C/O Meyers & Associate CPA PA 5725 Corporate Way #101 City West Palm Beach FL Zip Code 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: <u><i>Gail C Meyers</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>2/27/05</u>					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700 S. Olive Avenue West Palm Beach FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARNOLD, ROBERT J 215 S. OLIVE AVE., STE 200 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MEYERS, GAIL C 5725 CORPORATE WAY, #101 WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Gail C Meyers</i></u> DATE: <u>2/27/05</u> 561-684-6604 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					