


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000027815**

1. Entity Name  
**HIGHSMITH & WRENN, INC.**



Principal Place of Business  
**1708 HENDRICKS AVE  
 JACKSONVILLE, FL 32207**

Mailing Address  
**1708 HENDRICKS AVE  
 JACKSONVILLE, FL 32207**

**DO NOT WRITE IN THIS SPACE**



07132006 No Chg-P CR2E034 (11/05)

|   |   |
|---|---|
| 4. FEI Number<br><b>59-3303899</b>                        | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                             |

6. Name and Address of Current Registered Agent

**HIGHSMITH, PATRICIA J  
 4127 TOBIN DR  
 JACKSONVILLE, FL 32257**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HIGHSMITH, PATRICIA J<br>4127 TOBIN DR<br>JACKSONVILLE, FL 32257 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WRENN, JULIE L<br>4127 TOBIN DR<br>JACKSONVILLE, FL 32257        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE IN THIS SPACE**

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 07/18/06-80011-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Julie Wrenn, Secretary* **7/11/06 904-398-3431**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #