


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2007 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
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**DO NOT WRITE IN THIS SPACE**



05062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3303899	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 \_\_\_\_\_ DATE 05/30/07-80010-019 150.00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	D HIGHSMITH, PATRICIA J 4127 TOBIN DR JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRENN, JULIE L 4127 TOBIN DR JACKSONVILLE, FL 32257
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**DO NOT WRITE IN THIS SPACE**

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 L. Wrenn (Julie L. Wrenn) 5-3-07 904-398-3431  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #