


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90002 024 ***150.00

DOCUMENT # P95000027815			
1. Entity Name HIGHSMITH & WRENN, INC.		Principal Place of Business 1708 HENDRICKS AVE JACKSONVILLE, FL 32207	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address [REDACTED] 1708 HENDRICKS AVE JACKSONVILLE FL 32207	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent Highsmith Patricia 4127 TOBIN DR JACKSONVILLE FL 32257		7. Name and Address of New Registered Agent [REDACTED] Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
* 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	
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 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.190(2)(c), F.S., the corporation did not receive the prior notice	
OFFICERS AND DIRECTORS		OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Highsmith Patricia 4127 TOBIN DR JACKSONVILLE, FL 32257	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Highsmith Patricia 2223 ASTOR ST. DEST 8 ORANGE PARK FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WRENN, JULIE L 4127 TOBIN DR JACKSONVILLE, FL 32257	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wrenn Julie 2223 ASTOR STREET DEST 8 ORANGE PARK FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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		Date: 8-28-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 398-3431	