## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 10, 2006 8:00 am Secretary of State DOCUMENT # P97000034379 01-10-2006 90026 005 \*\*\*150.00 1. Entity Name HIGHLAND GOLF, INC. Principal Place of Business Mailing Address 60000596 **301 SOUTH FEAGIN AVE** 301 SOUTH FEAGIN AVE AVON PARK, FL 33825 AVON PARK, FL 33825 3. Mailing Address 2. Principal Place of Business 303 South Feagin Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 CR2E034 (11/05) Chg-P Applied For City & State 4. FEI Number City & State 65-0742200 Not Applicable Florida Avon Park, \$8.75 Additional Zip 5. Certificate of Status Desired 33825 Highlands Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Harstine, J A HARSTINE, JA Street Address (P.O. Box Number is Not Acceptable) 301 SOUTH FEAGIN AVE. AVON PARK, FL 33825 303 South Feagin Avenue Zip Code 33825 Avon Park 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 Signature, typed or printed name of registered agent and title if apolicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change PD ☐ Addition TITLE TITI F ☐ Delete PD Harstine, JA NAME HARSTINE, J.A. NAME STREET ADDRESS 301 SOUTH FEAGIN AVE. STREET ADDRESS 303 South Feagin Avnue CITY-ST-7IP AVON PARK, FL 33825 CITY-ST-ZIP X Change ☐ Addition TITLE ☐ Delete TITLE VSTD DAVIS, RODNEY A NAME NAME Davis, Rodney A STREET ADDRESS 301 SOUTH FEAGIN AVE. STREET ADDRESS 303 South Feagin Avenue 25 AVON PARK, FL 33825 CITY\_ST\_7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 type 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 truffee 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 applyingless, with all other like empowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED