2006 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P98000025652



1. Entity Nam	ie				_	03-30-2006 90	_		_	
JUNALUS	KA HIGHLANDS, INC.					03-30-2000 90	7032 020	150.00		
Principal Plac	e of Business	Mailing Address			-					
1991 INDUSTRIAL DRIVE DELAND FL 32724		1991 INDUSTRIAL DRIVE DELAND FL 32724								
2. Principal P	lace of Business	3. Mailing Address			1	ITANE IT s iv ini initi nniti nniti	i erki erki diret el	110 B35B1 B1110 110	1881 II 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1s	t MOORE	CR2E034	(10/05)			
City & State		City & State		4. FEI Numb	⁵⁹ -350279	2		plied For t Applicable		
Zip	Country	Zip	Count	гу	5. Certificate	of Status Desired		8.75 Add ee Required		
Name and Address of Current Registered Agent					7. Name and	d Address of New I	Registered Ag	gent		
``````````````````````````````````````				Name H. W.W. /NC						
CAROLAN, J P III 250 PARK AVENUE, SOUTH				Street andress (PO Box Number is Not Acceptable) E AV						
5TH FLOOR WINTER PARK FL 32789				5017	E 1S	500			į	
				CityORLA	7NDO		FL	Zip Code	801	
	named entity submits this statement for tions of registered agent.	the purpose of changing its	egistere	ed office or registe	red agent, or bo	oth, in the State of Fl	lorida. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and little if applicable. (NOTE	Registare	d Agent signature require	d when reinstating)		DATE	·· <u>-</u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State										
/ After	May 1, 2006 Fee Will Be \$550.00	State				9. Election Camp Trust Fund Co	-		DO May Be ed to Fees	
/ After	May 1, 2006 Fee Will Be \$550.00	State	11.		ADDITIONS		ntribution. [	Adde	ed to Fees	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of 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:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06 386-736-6688