

HIGHLANDS ELECTRIC, INC.



FILED
Mar 26, 2007 08:00 AM
Secretary of State



Principal Place of Business
13775 ARBUCKLE CREEK ROAD
SEBRING FL 33870

Mailing Address
P.O. BOX 703
FLORIDA FL 33857-0703

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 65-0579519

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITEHOUSE, WENDELL
445 S. COMMERCE AVE
SEBRING FL 33870

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME MOLESWORTH, CORBIN
STREET ADDRESS P.O. BOX 703 N/A
CITY-ST-ZIP FLORIDA FL 33857

Change Addition
NAME U00000678807
STREET ADDRESS 04/03/07-80013-002 150.00
CITY-ST-ZIP

TITLE VP Delete
NAME RICHARDS, WILLIAM D
STREET ADDRESS 615 S. MARION RD
CITY-ST-ZIP AVON PARK FL 33825

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
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CITY-ST-ZIP

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TITLE Delete
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CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: Cal Molinari
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-07 863-655-1554
Date Daytime Phone #