2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000016105

HIGHLAND CORPORATION OF CENTRAL FLORIDA, INC.



MULBERRY, FL 33860

Principal Place of Business

300 NW PHOSPHATE BLVD. MULBERRY, FL 33860

Mailing Address PO BOX 705

DO NOT WRITE IN THIS SPACE

02132004 No Chg-P._ CR2E034 (10/03)

FILED

Secretary of State

Mar 24, 2004 08:00 AM

4. FEI Number 59-3428498

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

FORE, R. SCOTT 300 NW PHOSPHATE BLVD. MULBERRY, FL 33860			DO NOT WRITE IN THIS SPACE			
the obligat	named entity submits this statement for the p tions of registered agent.	surpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familia	r with, and accept
SIGNATURE.	Signature, typed or orinted name of registered agent and title in	l'applicable. (NOTE Registered	Agent signature	required when reinstating)	DATE	
File NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. □		\$5.00 May Be Added to Fees	000000095116 03/24/04-80019-023	158.75
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P FORE, R. SCOTT 300 NW PHOSPHATE BLVD. MULBERRY, FL. 33860	MORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FORE, JULIANNE 300 NW PHOSPHATE BLVD. MULBERRY, FL 33860		•			
TITLE NAME_ STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADORESS CITY-ST-ZIP		•		IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

12. Thereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is two 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 employered 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:

STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPES R PRINTED NAME OF S ONING OFFICER OR DIRECTOR

Daytima Phone #