

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90038 014 \*\*\*150.00

DOCUMENT # P99000107642  
 1. Entity Name  
 HIGHWOODS CONTRACTING CORPORATION



Principal Place of Business Mailing Address  
 5336 VILLAGEBROOK DR. 5336 VILLAGEBROOK DR.  
 WESLEY CHAPEL, FL 33543 WESLEY CHAPEL, FL 33543

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 416 Pinebluff Dr 416 Pinebluff Dr  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Lutz, FL Lutz, FL  
 Zip Country Zip Country  
 33549 USA 33549 USA

01292007 Chg-P CR2E034 (12/06)  
 4. FEI Number Applied For  
 59-3612666 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent  
 LENHART, JOHN J III  
 5336 VILLAGEBROOK DR  
 WESLEY CHAPEL, FL 33543

7. Name and Address of New Registered Agent  
 Name John J Lenhart III  
 Street Address (P.O. Box Number is Not Acceptable)  
 416 Pinebluff Dr  
 City Lutz FL Zip Code 33549

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 applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LENHART, JOHN J III	
STREET ADDRESS	5336 VILLAGEBROOK DRIVE	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John J Lenhart III	
STREET ADDRESS	416 Pinebluff Dr	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: John J Lenhart III 1-29-07 813-477-2734  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #