

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 115989



1. Entity Name

HIGHLAND PARK SERVICE COMPANY

Principal Place of Business

1110 BELLVIEW AVE
LAKE WALES FL 33853
US

Mailing Address

PO BOX 311
LAKE WALES FL 33859-0311
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-0290322

Applied For

Not Applicable

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

MCKINLEY, MALCOLM R. JR
211 S. LAKE STARR
LAKE WALES FL 33853

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCKINLEY, MALCOLM R JR	
STREET ADDRESS	211 S. LAKE STARR	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOPLER, PATRICIA K.	
STREET ADDRESS	11 CATHERINE AVE	
CITY-ST-ZIP	BABSON PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THULLBERRY, CATHERINE J.	
STREET ADDRESS	3900 ALTERNATE 27 S.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	OSBON, CYNTHIA M.	
STREET ADDRESS	1979 CAPPS ROAD	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOPLER, DAVID R	
STREET ADDRESS	1016 SUNSET TRAIL	
CITY-ST-ZIP	BABSON PARK FL 33827	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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 exemption stated in Section 119.07(3)(f), 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:

Cynthia M. Osbon
CYNTHIA M. OSBON
SECRETARY-TREASURER-DIRECTOR

1/31/05

863-676-1152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #