

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 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



02102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0290322	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCKINLEY, MALCOLM R. JR 211 S. LAKE STARR LAKE WALES, FL 33853		DO NOT WRITE IN THIS SPACE
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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000875948 04/11/08-80054-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCKINLEY, MALCOLM R JR 211 S. LAKE STARR LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOPLER, PATRICIA K. 11 CATHERINE AVE BABSON PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THULLBERY, CATHERINE J. 3900 ALTERNATE 27 S. LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OSBON, CYNTHIA M. 1979 CAPPS ROAD LAKE WALES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOPLER, DAVID R 1016 SUNSET TRAIL BABSON PARK, FL 33827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLO, M A 1016 VIEW POINT CIRCLE LAKE WALES, FL 33853

**DO NOT WRITE
IN THIS SPACE**

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:

Cynthia M. Osborn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/08

863-676-8011
Daytime Phone #