

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90214 002 \*\*\*150.00

**DOCUMENT # 370345**

1. Entity Name  
HIGHLAND CITY GLASS CO., INC.



Principal Place of Business  
CORNER OF LEMON AND HIGHWAY 98  
PO BOX 5110 LAKELAND, FLA 33803  
HIGHLAND CITY, FL 33846

Mailing Address  
PO BOX 5110  
LAKELAND, FL 33807

**94073699**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-1302713

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

JOHNSON, JAMES F JR  
LEMON & HWY 98  
HIGHLAND CITY, FL 33846

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, 2004 Fee will be \$550.00**

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 SD ☐ Delete  
NAME JOHNSON, LYNDIA K  
STREET ADDRESS HWY 98 & LEMON AVE  
CITY-ST-ZIP HIGHLAND CITY, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME ANDERSON, JON H  
STREET ADDRESS 202 EAST WALNUT ST  
CITY-ST-ZIP HIGHLAND, FL

TITLE ☒ Change ☐ Addition  
NAME Michael A. Johnson  
STREET ADDRESS 225 No Florida Av P.O. Box 1399  
CITY-ST-ZIP Lakeland, FL 33801

TITLE PD ☐ Delete  
NAME JOHNSON, JAMES F JR  
STREET ADDRESS HWY-98 & LEMON AVE  
CITY-ST-ZIP HIGHLAND, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(i), 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:

*Linda K. Johnson*  
Linda K. Johnson

4-28-04

Date

863-6464673

Daytime Phone #