## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 370345**

FILED Jan 11, 2005 Secretary of State

Entity Name: HIGHLAND CITY GLASS CO., INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
PO BOX 5		ND HIGHWAY 98 ND, FLA 33803 3846			
Current Mailing Address:		New Mailing Addres	s:		
PO BOX 5 .AKELANI	110 D, FL 33807				
El Number:	: 59-1302713	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	I, JAMES F JI	$\prec$			
iGHLANI he above	O CITY, FL 3:		ourpose of changing its registere	ed office or registered agent, or both,	
The above	O CITY, FL 3: named entity e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,	
HGHLANE The above the State	D CITY, FL 3: named entity of Florida. RE:			ed office or registered agent, or both,  Date	
HIGHLANE The above the State	named entity e of Florida. RE: Electro	submits this statement for the p			
The above n the State BIGNATUF	named entity e of Florida. RE: Electro	submits this statement for the points statement for the points of Registered Age and Trust Fund Contribution ( ).	ent		
The above the State SIGNATUF	named entity of Florida.  RE: Electrompaign Financia	submits this statement for the prince Signature of Registered Ageing Trust Fund Contribution ( ).  CTORS:  ) Delete (NDA K, MON AVE	ent	Date	
The above in the State SIGNATUF  Clection Car  DFFICERS  ittle: lame: ddress:	named entity of Florida.  RE: Electro  mpaign Financia  S AND DIRECTOR  SD (  JOHNSON, L)  HWY 98 & LE  HIGHLAND CI  D (  JOHNSON, M	submits this statement for the princ Signature of Registered Ageing Trust Fund Contribution ( ).  CTORS:  ) Delete (NDA K, MON AVE TY, FL  ) Delete CHAEL A IDA AVE, P.O. BOX 1397	ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNSON, LYNDA K SD 01/11/2005