## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 629173** 

Entity Name: HIGHLANDS PLUMBING COMPANY, INC.

FILED Jan 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

341 LEMON 341 LEMON AVE

P.O.BOX 1764 SEBRING, FL 33870 US SEBRINGFL. 338711764 US

Current Mailing Address: New Mailing Address:

341 LEMON P.O. BOX 1764

P.O.BOX 1764 SEBRING, FL 338711764 US

SEBRING, FL 33871764 US

FEI Number: 59-1922523 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EURES, TERRY O

341 LEMON ST.

SEBRING, FL 33870 US

EURES, TERRY O

341 LEMON AVE.

SEBRING, FL 33870 US

SEBRING, FL 33870 U

SEBRING, FL 33870 US SEBRING, FL 33870 US

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.

SIGNATURE: 01/31/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: EURES, TERRY O Name: EURES, TERRY O

 Name:
 EURES, TERRY O
 Name:
 EURES, TERRY O

 Address:
 341 LEMON ST.
 Address:
 341 LEMON AVE.

 City-St-Zip:
 SEBRING, FL 33870
 City-St-Zip:
 SEBRING, FL 33870

Title: ST ( ) Delete Title: ST (X) Change ( ) Addition

 Name:
 EURES, FERN
 Name:
 EURES, FERN

 Address:
 341 LEMON ST
 Address:
 341 LEMON AVE.

 City-St-Zip:
 SEBRING, FL 33870
 City-St-Zip:
 SEBRING, FL 33870

 $\label{eq:title:V} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{($X$) Change ($)$ Addition}$ 

 Name:
 EURES, MATTHEW P
 Name:
 EURES, MATTHEW P

 Address:
 341 LEMON STREET
 Address:
 341 LEMON AVE.

 City-St-Zip:
 SEBRING, FL 33870
 City-St-Zip:
 SEBRING, FL 33870

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TERRY O. EURES P 01/31/2009