


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 675021</b> 1. Entity Name HIGHLANDS UTILITIES CORPORATION	
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Principal Place of Business 720 US 27 S. LAKE PLACID, FL 33852 US	Mailing Address 720 US 27 S. LAKE PLACID, FL 33852 US
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03042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2423706	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  PUCH, DIXON 720 U.S. 27 SOUTH LAKE PLACID, FL 33852
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUGH, DIXON 146 LOQUAT RD NE LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAMMIE, LORRI 8 VICTORY WAY LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PUGH, SUE 146 LOQUAT RD NE LAKE PLACID, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<p>U00000260095 03/12/05-80011-004 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: Lorri Lammie, Lorri Lammie 3/8/05 813-465-1296  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #