2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# 675021

Entity Name: HIGHLANDS UTILITIES CORPORATION

Current Principal Place of Business:

411 KENT AVE
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

411 KENT AVE
LAKE PLACID, FL 33852 US

New Mailing Address:

FEI Number: 59-2423706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PUCH, DIXON
411 KENT AVE
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PUGH, DIXON
Address: 146 LOQUAT RD NE
City-St-Zip: LAKE PLACID, FL

Title: SD ( ) Delete
Name: LAMMIE, LORRI
Address: 8 VICTORY WAY
City-St-Zip: LAKE PLACID, FL 33852

Title: VTD ( ) Delete
Name: PUGH, SUE
Address: 146 LOQUAT RD NE
City-St-Zip: LAKE PLACID, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PUGH, DIXON
Address: 146 LOQUAT RD NE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: SD (X) Change ( ) Addition
Name: LAMMIE, LORRI
Address: 8 VICTORY WAY
City-St-Zip: LAKE PLACID, FL 33852 US

Title: VTD (X) Change ( ) Addition
Name: PUGH, SUE
Address: 146 LOQUAT RD NE
City-St-Zip: LAKE PLACID, FL 33852 US

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: DIXON PUGH PRES 04/24/2009

Electronic Signature of Signing Officer or Director Date