

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F43619

1. Entity Name
HIGHLANDS HOBBY WORLD, INC.



Principal Place of Business

**C/O RITA L. SWINK
7273 103RD ST
JACKSONVILLE, FL 32210**

Mailing Address

**C/O RITA L. SWINK
7273 103RD ST
JACKSONVILLE, FL 32210**

FILED
Aug 03, 2004 08:00 AM
Secretary of State



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2184375

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SWINK, RITA L.
7273 103RD ST
JACKSONVILLE, FL 32210**

**DO NOT WRITE
IN THIS SPACE**

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 restate.)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SWINK, RITA L
STREET ADDRESS	175 BLANDING BLVD
CITY - ST - ZIP	ORANGE PARK, FL 00000.
TITLE	D
NAME	SWINK, DONALD W
STREET ADDRESS	175 BLANDING BLVD
CITY - ST - ZIP	ORANGE PARK, FL 00000.
TITLE	VP
NAME	SWINK, GREGORY A
STREET ADDRESS	175 BLANDING BLVD
CITY - ST - ZIP	ORANGE PARK, FL
TITLE	VP
NAME	KELLER, DAVID P
STREET ADDRESS	175 BLANDING BLVD
CITY - ST - ZIP	ORANGE PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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08/03/04-80001-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/04
Date

904-772-9445
Daytime Phone #