


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000006252	
1. Entity Name HIGHWOODS SERVICES, INC.	

Principal Place of Business 3100 SMOKETREE COURT, SUITE 600 RALEIGH, NC 27604	Mailing Address 3100 SMOKETREE COURT, SUITE 600 RALEIGH, NC 27604
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DO NOT WRITE IN THIS SPACE



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-1871660	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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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 _____ DATE _____
Signature: typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	CEO FRITSCH, EDWARD J 3100 SMOKETREE COURT, SUITE 600 RALEIGH, NC 27604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO HARRIS, MICHAEL E 3100 SMOKETREE COURT, SUITE 600 RALEIGH, NC 27604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS PRIDGEN, MACK D III 3100 SMOKETREE COURT, SUITE 600 RALEIGH, NC 27604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRADY, BARRETT 3100 SMOKETREE COURT, SUITE 600 RALEIGH, NC 27604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT STEVENS, TERRY L 3100 SMOKETREE CT, STE 600 RALEIGH, NC 27604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/13/06-80070-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]* *Mack D. Pridgen III, VP* *3-28-06* *919.872.4924*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #