

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G13028

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: HIGHLANDS REALTY, INC.

**Current Principal Place of Business:**

408 E BELL ST  
AVON PARK, FL 33825 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PROFESSIONAL TAX CONSULTANTS  
P.O. BOX 7166  
WINTER HAVEN, FL 33883 US

**New Mailing Address:**

FEI Number: 59-2249259      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CARTER, ANN R.  
C/O PROFESSIONAL TAX CONSULTANTS, INC  
112 AVENUE E SW  
WINTER HAVEN, FL 33880 US

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

CARTER, ANN R.  
C/O PROFESSIONAL TAX CONSULTANTS, INC  
112 AVENUE E SW  
WINTER HAVEN, FL 33880 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: ANN R. CARTER

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CARTER, ANN R.,  
Address: 112 AVENUE E SW  
City-St-Zip: WINTER HAVEN, FL 33880

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANN R CARTER

P

04/29/2004

Electronic Signature of Signing Officer or Director

Date