


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # G61103 1. Entity Name HIGHLANDS MOBILE HOME PARK & SALES, INC.																													
Principal Place of Business % JORGE A. QUIROGA 17730 US HIGHWAY 27, LOT 6 CLERMONT FL 34711 US			Mailing Address % JORGE A. QUIROGA 17730 US HIGHWAY 27, LOT 6 CLERMONT FL 34711 US																										
2. Principal Place of Business Suite, Apt #. etc.			3. Mailing Address Suite, Apt #. etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number 59-2329687 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				MOORE CR2E034 (11/03)																									
6. Name and Address of Current Registered Agent QUIROGA, JORGE A. 17730 US HWY 27 CLERMONT FL 34711			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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 <u><i>VICTORIA QUIROGA</i></u> <i>2/26/04</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">DPT</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>QUIROGA, JORGE A.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17730 US HWY 27</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CLERMONT FL 34711</td> <td></td> </tr> </table>			TITLE	DPT	<input type="checkbox"/> Delete	NAME	QUIROGA, JORGE A.		STREET ADDRESS	17730 US HWY 27		CITY - ST - ZIP	CLERMONT FL 34711		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">U000000066629</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>02/26/04-80023-007 150.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	U000000066629	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	02/26/04-80023-007 150.00		STREET ADDRESS			CITY - ST - ZIP		
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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: <u><i>VICTORIA QUIROGA</i></u> <i>2/26/04</i> <i>352-394-3200</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													