

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # G73266

1. Entity Name

HIGHLANDS WOODCRAFT, INC.



FILED
Mar 11, 2004 08:00 AM
Secretary of State

Principal Place of Business
1949 U.S. HWY. 27TH NO.
SEBRING FL 33870

Mailing Address
1949 U.S. HWY. 27TH NO.
SEBRING FL 33870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2351115**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLANGELO, JOSEPH
1949 U.S. HWY. 27TH NO.
SEBRING FL 33870

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
COLANGELO, LUCILLE
239 JAY AVENUE
SEBRING FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
COLANGELO, JOSEPH M
315 RAVEN AVE
SEBRING FL

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TITLE
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STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
U000000084976
03/11/04-80029-011 150.00

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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, without other like empowered.

SIGNATURE:

JOSEPH M. COLANGELO

3/9/04

863/385-0166