2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G73266

1. Entity Name
HIGHLANDS WOODCRAFT, INC.

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

DO NOT WRITE IN THIS SPACE

01032006   No Chg-P   CR2E034 (11/05)

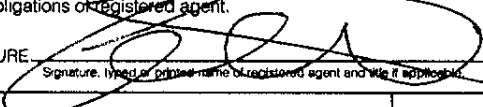| 4. FEI Number	Applied For
59-2351115	Not Applicable

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

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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)   JOSEPH M. COLANGELO PRES.   1/3/06 DATE

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

TITLE	P
NAME	COLANGELO, JOSEPH M
STREET ADDRESS	P.O. BOX 7244
CITY-ST-ZIP	SEBRING, FL

TITLE	V
NAME	COLANGELO, CAROLYN S
STREET ADDRESS	P.O. BOX 7244
CITY-ST-ZIP	SEBRING, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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 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: _____ LUCILLE COLANGELO, TREAS. SECY- 1/3/06 (863)385-0166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #