


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # H43372
 1. Entry Name
HIGHLANDS INDUSTRIES, INC.



Principal Place of Business Mailing Address
 12512 S LAKESHORE DR PO BOX 120852
 CLERMONT, FL 34711 US CLERMONT, FL 34712-0852 US

DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number
58-2519219 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RUSS, CHARLES R
1993 S. HWY. 27
CLERMONT, FL 34711

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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 _____ (NOTE: Registered Agent signature required when reestablishing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	YEAGER, CAROL R.
STREET ADDRESS	105 PALM STREET
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	DST
NAME	RUSS, DIANNE O.
STREET ADDRESS	12512 S. LAKESHORE DR.
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	PD
NAME	RUSS, CHARLES R
STREET ADDRESS	12512 S. LAKESHORE DR.
CITY-ST-ZIP	CLERMONT, FL
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 exemption stated in Section 119.07(3)(l), 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 employees.

SIGNATURE: *Charles R. Russ* 415-5 352-3984304
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #