

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90034 008 ***150.00

DOCUMENT # H65132

1. Entity Name
HIGHLANDS REALTY SERVICES, INC.



Principal Place of Business
26600 ACE AVE.
LEESBURG, FL 34748

Mailing Address
26600 ACE AVE.
LEESBURG, FL 34748

34046034



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2565270

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRINGLE, GEORGE O.
733 BOYLESTON STREET
LEESBURG, FL 34748

Name SUMMERS, GARY L
Street Address (P.O. Box Number is Not Acceptable)
WILLIAMS, SMITH AND SUMMERS, P.A.
380 WEST ALFRED STREET
City TAVARES, FL Zip Code 32778

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 Gary Z. Smith

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

Gary L. Summers

(NOTE: Registered Agent signature required when reinstating)

3/23/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DST
STREET ADDRESS PRINGLE, GEORGE O.
CITY-ST-ZIP 733 BOYLSTON ST
LEESBURG, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DCM
STREET ADDRESS PRINGLE, JOHN A.
CITY-ST-ZIP 5323 BANANA POINT DR
OKAHUMPKA, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

John A. Pringle

JOHN A. PRINGLE

3-25-04

352-365-7303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #