


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90133 029 ***158.75

DOCUMENT # J87292
 1. Entity Name
PRO-LAWN OF HIGHLANDS, INC.



Principal Place of Business
**2403 NW LAKEVIEW DR
 SEBRING, FL 33870 US**

Mailing Address
**PO BOX 1471
 SEBRING, FL 33871 US**

2. Principal Place of Business
3121 LAKEVIEW DR.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1471
 Suite, Apt. #, etc.

City & State
SEBRING, Florida

City & State
SEBRING, FL

Zip
33870 Country
USA

Zip
33871 Country
USA



04112006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2841536 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**RHOADES, CLIFFORD R.
 227 N. RIDGEWOOD DRIVE
 SEBRING, FL 33870**

7. Name and Address of New Registered Agent
 Name **CLIFFORD R. RHOADES**
 Street Address (P.O. Box Number is Not Acceptable)
2141 LAKEVIEW DRIVE
 City **SEBRING** FL Zip Code **33870**

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 *Martha Richardson* **PRESIDENT**
MARTHA RICHARDSON **04/12/2006**
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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	DVS RICHARDSON, MARTHA 2403 NW LAKEVIEW DR SEBRING, FL 33870 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTHA RICHARDSON 3121 LAKEVIEW DRIVE SEBRING, FL 33870 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RICHARDSON, MARK L 2403 NW LAKEVIEW DR SEBRING, FL 33870 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Martha Richardson* **PRESIDENT** **04/12/06**
MARTHA RICHARDSON (863)381-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #