## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 09, 2004 08:00 AM Secretary of State

ANNUAL REPORT							Secretary of State				
DOCUMENT # P01000012799  1. Entity Name HIGHLANDS FUMIGATION, INC.							Set	ietai y	וט זנ	Ale	
HIGHLANDS	S FUM	IGATION, INC.									
Principal Place of Business			Mailing Address								
35 B & B RD			PO BOX 539								
LAKE PLACID, FL		LAKE PLACID, FL 338	KE PLACID, FL 33862								
Principal Place of Business     Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
City & State			City & State			04062004 4. FEI Numbe	Chg-P	CR2E034 (10	V03) Applied	d For	
<u> </u>			Zip Country		59-370		907		plicable		
Zip	Country				wy	5. Certificate of Status Desired Service Servi				ai	
	and Address of Current	Registered Agent	7. Name and Address of New Registered Agent Name								
NIELANDER, WILLIAM J 116 E INTERLAKE BLVD					Street Address (P.O. Box Number is Not Acceptable)						
LAKE PLACIE				0,000,000				<u> </u>			
					City	·	<u> </u>	FL Zi	Code		
8. The above nar the obligations			or the purpose of changing its	register	ed office or register	red agent, or bo	th, in the State of Fig		with, and	accept	
SIGNATIRE											
Sign	nature, typed	or printed name of registered agent	and title if applicable. (NOT	E. Rugistero	ed Agent signature required	t when reinstating)	<u> </u>	DATE			
FILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution,											
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRE	TORS IN	11	
TITLE D		DIGUADO B	☐ Delete	TITL NAN	·				ange [	Addition	
1	COOPER, RICHARD P PO BOX 539				EET ADDRESS						
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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)(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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-4-04 863465-5790  Date Date Date Date Date Date Date Date											