

2005* FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90009 008 ***150.00

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1. Entity Name

HIGHLANDS ENHANCEMENT, INC.



Principal Place of Business

5431 US HWY. 98 SOUTH
HIGHLAND CITY FL 33846

Mailing Address

P. O. BOX 237
HIGHLAND CITY FL 33846

40006743



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

4. FEI Number

59-3721181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLURE, E.V. ESQ.
101 S. FLORIDA AVE.
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROGERS, OSCAR W	
STREET ADDRESS	5431 US HWY. 98 SOUTH	
CITY-ST-ZIP	HIGHLAND CITY FL 33846	
TITLE	VSTO	<input type="checkbox"/> Delete
NAME	ROGERS, DANE	
STREET ADDRESS	5105 LAKELAND HIGHLAND RD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILLIAM, ROGERS T	
STREET ADDRESS	4740 LAKE HANCOCK	
CITY-ST-ZIP	LAKELAND FL 33275	
TITLE	VBD	<input type="checkbox"/> Delete
NAME	ROGERS, JOHN S	
STREET ADDRESS	4620 LAKE HANCOCK RD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oscar W. Rogers	
STREET ADDRESS	5431 US Hwy. 98 South	
CITY-ST-ZIP	Highland City, FL 33846	
TITLE	P/S/D C. Dane Rogers	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5105 Lakeland Highlands Rd.	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William T. Rogers	
STREET ADDRESS	4740 Lake Hancock Rd.	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John S. Rogers	
STREET ADDRESS	4620 Lake Hancock Rd.	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

C. Dane Rogers

C. Dane Rogers
President

January 19, 2005

1-863-646-5187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #