2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

FILED Apr 12, 2006 8:00 am Secretary of State

DOCUMENT # P0300002588 1. Entity Name HIGHLANDS SOIL FUMIGATION, INC.								04-12-2006	90091 03	i8 ***150	0.00	
Principal Place of Business 35 B & B ROAD LAKE PLACID, FL 33852			Mailing Address 35 B & B ROAD LAKE PLACID, FL 33852									
2. Principal Place of Business 16120 NW 220th Street Suite, Apt. #, etc.			3. Mailing Address Post Office Box 904 Suite, Apt. #, etc.				03162006	Chg-P		34 (11/05)		
City & State Okeechobee, FL			City & State Okeechobee, FL				4. FEI Numb	er		Ар	plied For	
Zip 34974	Cou	untry JSA	Zip 34973-0904	ntry SA		56-2315341 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required						
6. Name and Address of Current F							7. Name and Address of New Registered Agent					
NIELANDER, WILLIAM J 172 E INTERLAKE BLVD LAKE PLACID, FL 33852						Name Street Address (P.O. Box Number is Not Acceptable)						
- ' - ' - ' - ' - ' - ' - ' - ' - ' - '					City Zip Code							
									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 il 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.							.00 May Be ed to Fees					
10.		OFFICERS AND D				ADDITIONS	CHANGES TO OFF	ICERS AND				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COOPER, RICH 35 B & B ROAD LAKE PLACID,)				Post	chard P. Cooper st Office Box 904 eechobee, FL 34973-0904				☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COOPER, PAT 35 B& B ROAD LAKE PLACID,		☐ Delete		AE Patr EETADDRESS Post			Cooper Box 904 FL 34973-	-0904	⊠ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COOPER, KEN 2512 SOUTH S AVON PARK, F	UMACH AVENUE	☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Delete			ı			<u>-</u> -	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete							Change	Addition	
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.												