

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

3. Mar 21, 2006 8:00 am
Secretary of State

03-01-2006 90002 028 ***150.00

DOCUMENT # P04000047112

1. Entity Name
HIGHLAND HOME MAINTENANCE & LAWN CARE, INC.



Principal Place of Business
3111 S BAY BERRY POINT
INVERNESS, FL 34450

Mailing Address
P.O. BOX 1869
INVERNESS, FL 34451

66006247



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number
55-0876114

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BANKS, PETER C
3111 S BAY BERRY POINT
INVERNESS, FL 34450

DO NOT WRITE
IN THIS SPACE

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

(NOTE: Registered Agent signature required when reappointing)

2-21-06

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

| | |
|----------------|------------------------|
| TITLE | D |
| NAME | BANKS, PETER C |
| STREET ADDRESS | 3111 S BAY BERRY POINT |
| CITY-ST-ZIP | INVERNESS, FL 34450 |
| | <i>President</i> |
| TITLE | D |
| NAME | BANKS, DAVID A |
| STREET ADDRESS | 3111 S BAY BERRY POINT |
| CITY-ST-ZIP | INVERNESS, FL 34450 |
| | <i>Vice President</i> |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE
IN THIS SPACE

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 *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-18-06 Daytime Phone #



ATTACHMENT

66006247

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2006

HIGHLAND HOME MAINTENANCE & LAWN CARE, INC.
3111 S BAY BERRY POINT
INVERNESS, FL 34450

Subject: **HIGHLAND HOME MAINTENANCE & LAWN CARE, INC.**

Reference Number: **P04000047112**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION