

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-05-2006 90138 032 ***150.00

DOCUMENT # P05000076991 1. Entity Name HIGHLANDS OIL CO., INC.					
Principal Place of Business 1130 N SCENIC HWY LAKE WALES, FL 33853			Mailing Address 1130 N SCENIC HWY LAKE WALES, FL 33853		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02232006 Chg-P CR2E034 (11/05)	
Zip	Country	Zip	Country	5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, KENNETH E JR 1130 N SCENIC HWY LAKE WALES, FL 33853				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 reappointing)					
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	PSTD ALLEN, KENNETH E JR 1130 N SCENIC HWY LAKE WALES, FL 33853 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 change, or on an attachment with an address, with all other like empowerment.					
SIGNATURE: <u><i>Ken E Allen Jr</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				2-28-06 863-676-3910 Date Daytime Phone #	

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