FILED
May 02, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000126678

1. Entity Name
HIGHLANDS SUNSHINE RANCHES, INC.

Principal Place of Business	Mailing Address
1137 S UNIVERSITY DRIVE PLANTATION, FL 33324	1137 S UNIVERSITY DRIVE PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

04302007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3520415

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NIELANDER, WILLIAM J
172 E INTERLAKE BOULEVARD
LAKE PLACID, FL 33852

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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 aware of the obligations of registered agent.

SIGNATURE _____
Signature, name or the full name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing agent)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	POLLIO, ARTHUR
STREET ADDRESS	1137 S UNIVERSITY DRIVE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D
NAME	GREGO, DAVID
STREET ADDRESS	1137 S UNIVERSITY DRIVE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 above if I have changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur J. Pollio 4/30/07 954-236-7021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #