
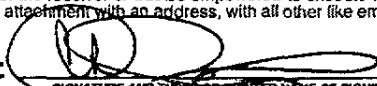


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P93000071983</b> 1. Entity Name HIGHLANDS GROVE SERVICE, INC.		
Principal Place of Business P. O. BOX 237 HIGHLAND CITY, FL 33846 US		Mailing Address P. O. BOX 237 HIGHLAND CITY, FL 33846 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MCCLURG, E.V. 115 S MISSOURI AVE LAKELAND, FL 33801		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reregistering)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	TD	<b>DO NOT WRITE IN THIS SPACE</b>
NAME	ROGERS, OSCAR W.	
STREET ADDRESS	5431 U.S. HWY 98 S., P. O. BOX 237	
CITY-ST-ZIP	HIGHLAND CITY, FL	
TITLE	PD	
NAME	ROGERS, WILLIAM T	
STREET ADDRESS	4740 LAKE HANCOCK RD	
CITY-ST-ZIP	LAKELAND, FL	
TITLE	SD	
NAME	ROGERS, C.D.	
STREET ADDRESS	5105 LAKELAND HIGHLANDS RD	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	VD	
NAME	ROGERS, JOHN S	
STREET ADDRESS	4620 LAKE HANCOCK RD	
CITY-ST-ZIP	LAKELAND, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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.		
<b>SIGNATURE:</b>  <b>C.D. Rogers</b>		<b>Sec. 1/16/06</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>1-863-646-5187</b> <small>Daytime Phone #</small>



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3205765

Applied For  
Not Applicable

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

000000393749  
01/25/06 80034-006 150.00