



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90028 023 ***150.00

DOCUMENT # P93000071983 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		
2. Principal Place of Business - No P.O. Box # 5431 U.S. Hwy 98 South		3. Mailing Address Suite, Apt. #, etc.			
City & State Lakeland, FL		City & State		4. FEI Number 59-3205765	
Zip 33812		Country Folk		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCLURG, E.V. 115 S MISSOURI AVE LAKELAND, FL 33801				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TD <input type="checkbox"/> Delete ROGERS, OSCAR W. 5431 U.S. HWY 98 S., P. O. BOX 237 HIGHLAND CITY, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Oscar W. Rogers 5431 U.S. Hwy 98 South Lakeland, FL 33812		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete ROGERS, WILLIAM T 4740 LAKE HANCOCK RD LAKELAND, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William T. Rogers 4740 Lake Hancock Rd. Lakeland, FL 33812		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete ROGERS, C.D. 5105 LAKELAND HIGHLANDS RD LAKELAND, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C.D. Rogers 5105 Lakeland Highlands Rd. Lakeland, FL 33813		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete ROGERS, JOHN S 4620 LAKE HANCOCK RD LAKELAND, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John S. Rogers 4620 Lake Hancock Rd. Lakeland, FL 33812		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE 		1/29/07		863-646-5187	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	