

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000092709**

1. Entity Name  
**THE HIGHLANDS GROUP INC.**



**Principal Place of Business**

2866 CASTILLO CT.  
#103  
NAPLES, FL 34109 US

**Mailing Address**

2866 CASTILLO CT.  
#103  
NAPLES, FL 34109 US



07052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-1311866

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

RAKOW, KAREN C  
2866 CASTILLO CT.  
#103  
NAPLES, FL 34109

**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 *Karen C. Rakow*

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

(NOTE: Registered Agent signature required when reinstating)

7/5/07

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE DVS  
NAME RAKOW, KAREN C  
STREET ADDRESS 2866 CASTILLO CT. #103  
CITY-ST-ZIP NAPLES, FL 34109

TITLE PT  
NAME RAKOW, ROBERT  
STREET ADDRESS 2866 CASTILLO CT. #103  
CITY-ST-ZIP NAPLES, FL 34109

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000767616  
07/10/07-80011-019 150.00

**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: *Karen C. Rakow*

7/5/07

(239) 5929107