
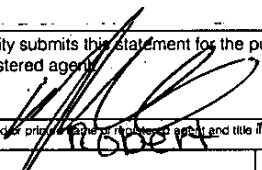
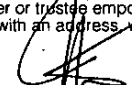


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90026 006 ***150.00

DOCUMENT # P97000095569 1. Entity Name HIGHLAND INVESTORS, INC.			
Principal Place of Business 4110 S FLORIDA AVE STE 200 LAKELAND, FL 33813		Mailing Address 4110 S FLORIDA AVE STE 200 LAKELAND, FL 33813	
2. Principal Place of Business 3020 S. Florida Ave		3. Mailing Address 3020 S. Florida Ave	
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. Suite 101	
City & State Lakeland, FL		City & State Lakeland, FL	
Zip 33803		Zip 33803	
Country USA		Country USA	
6. Name and Address of Current Registered Agent ADAMS, ROBERT J 4110 S. FLORIDA AVENUE SUITE 200 LAKELAND, FL 33813		7. Name and Address of New Registered Agent Name Adams, Robert J. Street Address (P.O. Box Number is Not Acceptable) 3020 S. Florida Ave. Suite 101 City Lakeland FL Zip Code 33803	
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		Registered agent 2/14/05 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 VD	NAME ADAMS, D. JOEL	<input type="checkbox"/> Delete	
STREET ADDRESS 4110 S. FLORIDA AVENUE, SUITE 200	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP LAKELAND, FL 33813	3020 S. Florida Ave. Suite 101 Lakeland, FL 33803		
TITLE PD	NAME ADAMS, ROBERT J	<input type="checkbox"/> Delete	
STREET ADDRESS 4110 S. FLORIDA AVENUE, SUITE 200	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP LAKELAND, FL 33813	3020 S. Florida Ave. Suite 101 Lakeland, FL 33803		
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR D. JOEL ADAMS VP		Date 1/31/05 803 619-7103 Daytime Phone #	