

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000095569

1. Entity Name
HIGHLAND INVESTORS, INC.



Principal Place of Business

**3020 S FLORIDA AVE
STE 101
LAKE LAND, FL 33803**

Mailing Address

**3020 S FLORIDA AVE
STE 101
LAKE LAND, FL 33803**



02202006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3480602

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ADAMS, ROBERT J
3020 S FLORIDA AVE
STE 101
LAKE LAND, FL 33803**

**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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

03/17/06-80013-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ADAMS, D. JOEL
STREET ADDRESS	3020 S FLORIDA AVE STE 101
CITY-ST-ZIP	LAKE LAND, FL 33803
TITLE	PD
NAME	ADAMS, ROBERT J
STREET ADDRESS	3020 S FLORIDA AVE STE 101
CITY-ST-ZIP	LAKE LAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D. JOEL ADAMS 2/21/06 8636197103

Date

Daytime Phone #