## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 29, 2007 08:00 AM **DOCUMENT # P98000058312 Secretary of State** HEIGHTS ENTERPRISE, INC. Principal Place of Business Mailing Address 4265 DEER RUN ROAD **4265 DEER RUN ROAD** ST. CLOUD, FL 34769 ST. CLOUD, FL 34769 01232007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3519620 Not Applicable \$8.75 Additional 5. Certificate of Status Desired **Fee Required** 5. Name and Address of Current Registered Agent RASHID, MOHAMMAD I DO NOT WRITE 1000 MASSACHUSETTS AVENUE ST. CLOUD, FL 34769 IN THIS SPACE 8. The above named entity submits thus 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 agont and title if applicable. (NOTE: Booksoned Agent smosture remared when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 02/01/07-80017-024 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. HILE RASHID, MOHAMMAD I MAMI STREET ADDRESS 4265 DEER RUN RD 8T. CLOUD, FL 34772 CMY-ST-ZIP TIPLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE IIILE NAME STREET ADDRESS CITY-ST-JP TITLE

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPES OF DENITED HANG OF SIGNING OFFICER OR DIRECTO

1-23-0

Doyame Phone #

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