

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 371366

FILED
Apr 30, 2007
Secretary of State

Entity Name: THE HUSKEY COMPANY

Current Principal Place of Business:

1000 WEKIVA SPRINGS RD.
P O BOX 4500
LONGWOOD, FL 32779

New Principal Place of Business:

1000 WEKIVA SPRINGS RD.
LONGWOOD, FL 32779

Current Mailing Address:

1000 WEKIVA SPRINGS RD.
P O BOX 4500
LONGWOOD, FL 32779

New Mailing Address:

1000 WEKIVA SPRINGS RD.
LONGWOOD, FL 32779

FEI Number: 59-1309221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUSKEY, E E
1000 WEKIVA SPRINGS RD.
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: CAHILL, CARL H,
Address: 2533 FOX SQUIRREL CT
City-St-Zip: APOPKA, FL 00000,

Title: PD () Delete
Name: HUSKEY, E E,
Address: 1000 WEKIVA SPRINGS RD.
City-St-Zip: LONGWOOD, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. EVERETTE HUSKEY

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date