


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 10, 2005 08:00 AM
Secretary of State**

DOCUMENT # L57808 1. Entity Name HUSS ENTERPRISES INCORPORATED					
Principal Place of Business 6914 HANGING MOSS ROAD ORLANDO FL 32807 US		Mailing Address 6914 HANGING MOSS ROAD ORLANDO FL 32807 US			
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc			
City & State		City & State		4. FEI Number 59-2999965	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUSS, JAMES R. 6914 HANGING MOSS ROAD ORLANDO FL 32807				7. Name and Address of New Registered Agent Name Street Address (P. O. Box Number is Not Acceptable) City	



1st MOORE CR2E034 (10/04)

Applied For
Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p style="text-align: center;">FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT <input type="checkbox"/> Delete	TITLE	
NAME	HUSS, JAMES R.	NAME	U00000223758 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6914 HANGING MOSS ROAD	STREET ADDRESS	02/10/05-80056-014 150.00
CITY- ST- ZIP	ORLANDO FL 32802	CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSS, LINDA G	NAME	
STREET ADDRESS	6914 HANGING MOSS RD	STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL 32807	CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSS, HORACE M.	NAME	
STREET ADDRESS	6914 HANGING MOSS ROAD	STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL 32802	CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, STEVE	NAME	
STREET ADDRESS	6914 HANGING MOSS RD	STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL 32807	CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSS, JAMES	NAME	
STREET ADDRESS	6418 HANGING MOSS RD.	STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL 32807	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **STEVE DAVIS (Sec.)** 2/8/05 407-671-0730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #