


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90021 011 ***150.00

DOCUMENT # P03000125050

1. Entity Name
JOHN L. HUGGINS PAINTING, INC.




Principal Place of Business Mailing Address
10829 WOODLAND PLACE **POST OFFICE BOX 322**
HOMOSASSA, FL 34487 **HOMOSASSA, FL 34487-0322**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

44028340



04022004 Chg-P CR2E034 (10/03)

4. FEI Number
20-0369879 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
J. RANDALL HAMMETT
5353 SW COLLEGE ROAD
OCALA, FL 34474

7. Name and Address of New Registered Agent
 Name **CHARLES T. WALTON**
 Street Address (P.O. Box Number is Not Acceptable)
5191 S. SUNCOAST BLVD.
 City **HOMOSASSA, FL** FL Zip Code **34446**

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 *Charles T. Walton* DATE **4/12/04**

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HUGGINS, JOHN L	
STREET ADDRESS	POST OFFICE BOX 322	
CITY- ST- ZIP	HOMOSASSA, FL 344870322	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUGGINS, IRVEN	
STREET ADDRESS	10565 W. PALMETTO	
CITY- ST- ZIP	HOMOSASS, FL 34487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN W. HUGGINS	
STREET ADDRESS	P.O. BOX 322	
CITY- ST- ZIP	HOMOSASSA, FL 34487-0322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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 *John L. Huggins* DATE **4/12/04** DAYTIME PHONE # **352-628-6046**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR