


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000125050
1. Entity Name
JOHN L. HUGGINS PAINTING, INC.



Principal Place of Business
10829 WOODLAND PLACE
HOMOSASSA, FL 34487

Mailing Address
POST OFFICE BOX 322
HOMOSASSA, FL 34487-0322

DO NOT WRITE IN THIS SPACE



03122005 No 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

WALTON, CHARLES T
5191 S SUNCOAST BLVD.
HOMOSASSA, FL 34446

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 |
| NAME | HUGGINS, JOHN L. |
| STREET ADDRESS | POST OFFICE BOX 322 |
| CITY - ST - ZIP | HOMOSASSA, FL 344870322 |
| TITLE | V |
| NAME | HUGGINS, IRVEN |
| STREET ADDRESS | 10565 W PALMETTO |
| CITY - ST - ZIP | HOMOSASSA, FL 34487 |
| TITLE | V |
| NAME | HUGGINS, JOHN W |
| STREET ADDRESS | P.O. BOX 322 |
| CITY - ST - ZIP | HOMOSASSA, FL 344870322 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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03/16/05-80061-010 150.00

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John L. Huggins 3/15/05 352-628-6096

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