

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90093 035 ***150.00

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



Principal Place of Business Mailing Address
~~10029 WOODLAND PLACE~~ ~~POST OFFICE BOX 322~~
 HOMOSASSA, FL 34487- HOMOSASSA, FL 34487-0322

40076390



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 2088 S. MELANIE DR 2088 S. MELANIE DR
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 HOMOSASSA, FL Citrus

04132007 Chg-P CR2E034 (12/06)

City & State City & State
 HOMOSASSA, FL HOMOSASSA, FL

4. FEI Number Applied For
 20-0369879 Not Applicable

Zip Country Zip Country
 34448 Citrus 34448 Citrus

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 4/23/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUGGINS, JOHN L POST OFFICE BOX 322 HOMOSASSA, FL 344870322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUGGINS, IRVEN 10565 W PALMETTO HOMOSASSA, FL 34487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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: John L. Huggins DATE 4/13/07 DAYTIME PHONE # 352-628-6046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR