


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90229 036 ***150.00

DOCUMENT # P04000071571

1. Entity Name
HUGGINS JANITORIAL & PAINTING, INC.



Principal Place of Business Mailing Address
10639 W PALMETTO STREET **10639 W PALMETTO STREET**
HOMOSASSA, FL 34448 US **HOMOSASSA, FL 34448 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
P.O. BOX 240 **P.O. BOX 240**

City & State City & State
HOMOSASSA, FL 34487 **HOMOSASSA FL**
 Zip Country Zip Country
34487-0240 **CITRUS** **34487-0240** **CITRUS**



04152007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-1102556 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

~~HAMMETT, JOHN R CPA~~
~~6363 SW COLLEGE ROAD~~
~~OCALA, FL 34474~~

Name: **CHARLES T. WALTON**
 Street Address (P.O. Box Number is Not Acceptable): **PTO, 5191 S. SUNCOAST BLVD.**
 City: **HOMOSASSA** 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: **4/19/07**

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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUGGINS, CARLA J			NAME			
STREET ADDRESS	P O BOX 240			STREET ADDRESS			
CITY-ST-ZIP	HOMOSASSA, FL 34487			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLY, SHANNON C			NAME			
STREET ADDRESS	P O BOX 294			STREET ADDRESS			
CITY-ST-ZIP	HOMOSASSA, FL 34487			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUGGINS, FRANCES E			NAME			
STREET ADDRESS	10639 W PALMETTO STREET			STREET ADDRESS			
CITY-ST-ZIP	HOMOSASSA, FL 34448			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			
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			
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 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: *Carla J. Huggins* DATE: **4-25-07** DAYTIME PHONE #: **(352) 422-1964**

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