## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE

## Aug 29, 2006 8:00 am Secretary of State DOCUMENT # P05000118812 08-29-2006 90004 017 \*\*\*158.75 1. Entity Name HIGGS FRAMING, INC. Principal Place of Business Mailing Address 50026684 5264 MALLARD ROAD 5264 MALLARD ROAD MIDDLEBURG, FL 32068 MIDDLEBURG, FL 32068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-338941.1 Not Applicable \_Zip, \_Country\_\_ .Country. ... \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HIGGS, ROBERT E 5264 MALLARD ROAD Street Address (P.O. Box Number is Not Acceptable) MIDDLEBURG, FL 32068 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MLE ☐ Delete TITLE ☐ Change ☐ Addition HIGGS, ROBERT E NAME NAME STREET ADDRESS 5264 MALLARD ROAD STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 CITY+ST-73P TITLE ☐ Delete TITLE Change ☐ Addition HIGGS, CHARLYNE M NAME NAME 5264 MALLARD RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIDDLEBURG, FL 32068 CITY-ST-ZIP TITLE Delete TITLE Change \_\_\_ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; that I am an effice 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. Charlyne Higgs July 7, 2006

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