


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

8/26

08-26-2004 90002 032 \*\*\*150.00

<b>DOCUMENT # V24408</b>			
1. Entity Name <b>ALLAN HIGGINS INC</b>			
Principal Place of Business <b>9265 LAKE HICKORY NUT DR. WINTER GARDEN FL 34787</b>		Mailing Address <b>P.O. BOX 1714 WINDERMERE FL 34786</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3112542</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HIGGINS, ALLAN 9265 LAKE HICKORY NUT DR. WINTER GARDEN FL 34787</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Allan O. Higgins</i>		DATE <b>8-20-04</b>	
SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE	
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State</b>		S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PV HIGGINS, ALLAN 9265 LAKE HICKORY NUT DR. WINTER GARDEN FL 34787</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE President HIGGINS ROAM 9265 LAKE HICKORY NUT DR. WINTER GARDEN FL 34787</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CAULEY, FRANCES ANNIE 9265 LAKE HICKORY NUT DR. WINTER GARDEN FL 34787</b> <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Allan O. Higgins</i>		DATE <b>8-20-04</b> 321-231-4875	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66433839



MOORE CR2E034 (4/04)

Attachment

PO5006000427

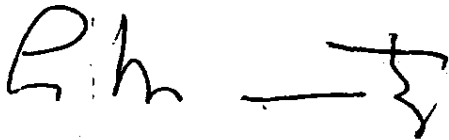
Moso Enterprises, Inc.  
233 N. 3<sup>rd</sup> St. STE 201  
Jacksonville Beach, FL. 32250

66433859

To Whom It May Concern:

I did not receive notice for filing of the annual report.

Thank you,

A handwritten signature in black ink, appearing to read 'Lh' followed by a stylized flourish.

Larry Movsovitz  
Vice-President