


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # V24408 1. Entity Name ALLAN HIGGINS INC		
Principal Place of Business 9265 LAKE HICKORY NUT DR. WINTER GARDEN FL 34787		Mailing Address P.O. BOX 1714 WINDERMERE FL 34786
2. Principal Place of Business <i>Same</i>	3. Mailing Address <i>Same</i>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
6. Name and Address of Current Registered Agent HIGGINS, ALLAN 9265 LAKE HICKORY NUT DR. WINTER GARDEN FL 34787		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City



1st MOORE CR2E034 (10/04)

4. FEI Number **59-3112542** Applied For Not Applied

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

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PV	
NAME	HIGGINS, ALLAN	
STREET ADDRESS	9265 LAKE HICKORY NUT DR.	
CITY- ST- ZIP	WINTER GARDEN FL 34787	
TITLE	S	
NAME	CAULEY, FRANCES ANNIE	
STREET ADDRESS	9265 LAKE HICKORY NUT DR.	
CITY- ST- ZIP	WINTER GARDEN FL 34787	
TITLE	VP	
NAME	HIGGINS, ADAM	
STREET ADDRESS	9265 LAKE	
CITY- ST- ZIP	WINTER GARDEN FL 34787	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	L00000301734		
NAME			
STREET ADDRESS	04/13/05-80043-005		
CITY- ST- ZIP	150.00		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

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: *Allan O. Higgins* **ALLAN O. HIGGINS** *4-10-05* *321-231-4875*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #