


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V24408</b> 1. Entity Name ALLAN HIGGINS INC	
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Principal Place of Business 9265 LAKE HICKORY NUT DR. WINTER GARDEN, FL 34787	Mailing Address P.O. BOX 1714 WINDERMERE, FL 34786
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04132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3112542	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

HIGGINS, ALLAN  
9265 LAKE HICKORY NUT DR.  
WINTER GARDEN, FL 34787

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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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PV HIGGINS, ALLAN 9265 LAKE HICKORY NUT DR. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CAULEY, FRANCES ANNIE 9265 LAKE HICKORY NUT DR. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HIGGINS, ADAM 9265 LAKE WINTER GARDEN, FL 34787
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05/09/06-80103-018 150.00

**DO NOT WRITE IN THIS SPACE**

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:** Allan O. Higgins **ALLAN O. HIGGINS** 4-13-06 407-656-7446  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #