## 2007 FOR PROFIT CORPORATION

## Mar 29, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P94000054707 1. Entity Name HUSKY BOY IMPROVEMENTS INC. Principal Place of Business Mailing Address 1843 S.E. 4TH STREET P.O. BOX 2172 POMPANO BEACH, FL 33060 POMPANO BEAH, FL 33061 CR2E034 (11/05) 03262007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0515293 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FOURNIER, MICHAEL J DO NOT WRITE 1843 S.E. 4TH STREET POMPANO BEACH, FL 33060 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MICHAEL J. FOURNIER STREET ADDRESS **1843 SE 4 STREET** CITY-ST-ZIP POMPANO BEACH, FL TITLE U00000682735 04/05/07-80015-002 150.() NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP FITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 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 additional properties.

SIGNATURE

CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

**FILED**