


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 234533</b>	
1. Entity Name <b>HUFFSTETLER ENTERPRISES, INC.</b>	

Principal Place of Business <b>2000 COUNTRY CLUB DRIVE EUSTIS, FL 32726 US</b>	Mailing Address <b>2000 COUNTRY CLUB DRIVE EUSTIS, FL 32726 US</b>
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01192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-6088218</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>HUFFSTETLER, JR. L 10555 RAIN FOREST PLACE BROOKSVILLE, FL 34601</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROU, HUFFSTETLER AN 2000 COUNTRY CLUB DRIVE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HUFFSTETLER, L. R. J 10555 RAIN FOREST PLACE BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HUFFSTETLER, L R III 2880 LAKE EUSTIS DR TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIRARDIN, W H 780 PINE COURT NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODBURY, JENNIFER R 2000 COUNTRY CLUB DRIVE EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROU, ALISON W. 2000 COUNTRY CLUB DRIVE EUSTIS, FL 32726

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04/19/05-80097-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ann H. Rou* President 4/16/05 352-483-2880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #