


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 635722
 1. Entity Name
 HUETTIG ELECTRIC, INC.



Principal Place of Business 324 MONROE STREET PO BOX 87 DUNEDIN, FL 34698	Mailing Address 324 MONROE STREET PO BOX 87 DUNEDIN, FL 34698
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DO NOT WRITE IN THIS SPACE



01222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1935070	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GREENLEAF, KIMBERLY H
 324 B MONROE ST.
 DUNEDIN, FL 34698

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

UN0000219539
 02/08/05-80031-015 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD GREENLEAF, KIMBERLY 1430 WETHERINGTON WAY PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D WILLIAM D. HUETTIG 499 HAMMOCK DRIVE PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Kimberly Greenleaf 2/4/2005 727-736-1447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #