


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000001950</b> 1. Entity Name <b>HIGGINS ELECTRIC INC. OF DOTHAN</b>	
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Principal Place of Business

**P.O. BOX 447  
DOTHAN, AL 36302**

Mailing Address

**P.O. BOX 447  
DOTHAN, AL 36302**



02232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>64-0763464</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION, FL 33324**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remaining)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000472067**  
**03/29/06-00022-008 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>KNIGHTON, JIM C</b>
STREET ADDRESS	<b>103 CEDAR CHASE COURT</b>
CITY-ST-ZIP	<b>DOTHAN, AL 36303</b>
TITLE	<b>S</b>
NAME	<b>WATSON, JOHN H</b>
STREET ADDRESS	<b>966 WESTGATE PARKWAY</b>
CITY-ST-ZIP	<b>DOTHAN, AL 36303</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** Jim C. Knighton **3-8-06** **334-793-4859**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #