


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2007 08:00 AM
Secretary of State

DOCUMENT # F98948 1. Entity Name HIGGINBOTHAM & COMPANY, P.A.	
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Principal Place of Business 150 S. MAIN ST. PO BOX 1466 LABELLE, FL 33935	Mailing Address 150 S. MAIN ST. PO BOX 1466 LABELLE, FL 33935
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07162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2219706	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HIGGINBOTHAM, ANDREW J 150 S. MAIN ST. #1 LABELLE, FL 33935

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.

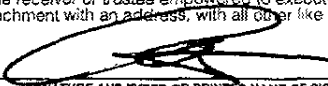
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HIGGINBOTHAM, ANDREW J 150 S. MAIN ST. LABELLE, FL 33935
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<p>U00000763555 07/19/07-80005-019 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  x 7/16/07 x 863-675-3903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #