2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2008 8:00 am
Secretary of State
09-08-2008 90002 050 ***150.00

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1. Entity Name
HIGGINBOTHAM & COMPANY, P.A.

60046801

Principal Place of Business	Mailing Address
150 S. MAIN ST. PO BOX 1466 LABELLE, FL 33935	150 S. MAIN ST. PO BOX 1466 LABELLE, FL 33935

07072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	P O BOX 1466
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: LABELLE FL
Zip / Country	Zip: 33975 / Country: USA

4. FEI Number: 59-2219706 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIGGINBOTHAM, ANDREW J 150 S. MAIN ST. #1 LABELLE, FL 33935	Name: J Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P HIGGINBOTHAM, ANDREW J 150 S. MAIN ST. LABELLE, FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P HIGGINBOTHAM, ANDREW J P O BOX 1466 LABELLE FL 33975-1466	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 7/7/08 863-675-3803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #