2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State
01-09-2004 90072 025 ***150.00

DOCUMENT # J52507

1. Entity Name
HUFFMAN&GILMORE, INC

Principal Place of Business
200 NW FOURTH ST
PO BOX 996
LIVE OAK FL 32060

Mailing Address
200 NW FOURTH ST
PO BOX 996
LIVE OAK FL 32060

01082004 OrgP CR2E084(10/03)

2. Principal Place of Business
200 N.W. 4th Street
Suite, Apt. #, etc.
P.O. Bx 996
City & State
Live Oak, Fl
Zip 32064 County Suwannee

3. Mailing Address
200 N.W. 4th Street
Suite, Apt. #, etc.
P.O. Bx 996
City & State
Live Oak, Fl
Zip 32064 Country Suwannee

4. FEI Number
59-2773138

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

6. Name and Address of Current Registered Agent
HUGHES JOHN W
200 NW FOURTH ST
LIVE OAK FL 32060

7. Name and Address of New Registered Agent
Name
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 ____ 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
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	HUGHES JOHN W	
STREET ADDRESS	620 SUWANNEE AVENUE	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	TD	☐ Delete
NAME	HUGHES ALLISON	
STREET ADDRESS	620 SUWANNEE AVENUE	
CITY-ST-ZIP	LIVE OAK FL	
TITLE	S	☐ Delete
NAME	LEATHLEAN GWEN	
STREET ADDRESS	RT. 8 BOX 17	
CITY-ST-ZIP	LIVE OAK FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change
NAME	Leathlean Gwen	
STREET ADDRESS	7035 C.R. 249	
CITY-ST-ZIP	Live Oak, Fl 32060	
TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John W. Hughes 1-6-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #