

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J52507

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** HUFFMAN & GILMORE, INC.

**Current Principal Place of Business:**

200 NW FOURTH ST  
LIVE OAK, FL 32064

**New Principal Place of Business:**

**Current Mailing Address:**

200 NW FOURTH ST  
PO BOX 996  
LIVE OAK, FL 32064

**New Mailing Address:**

**FEI Number:** 59-2773138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUGHES, JOHN W.  
200 NW FOURTH ST  
LIVE OAK, FL 32064 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HUGHES, JOHN W.  
Address: 620 SUWANNEE AVENUE  
City-St-Zip: LIVE OAK, FL 32064

Title: TD  
Name: LEATHLEAN GWEN  
Address: 7035 CR 249  
City-St-Zip: LIVE OAK, FL 32060

Title: S  
Name: MORGAN MELISSA  
Address: 13604 S.E. CO RD. 132  
City-St-Zip: JASPER, FL 32052

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GWEN LEATHLEAN

TD

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date