


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90165 011 \*\*\*150.00

**DOCUMENT # L22633**  
 1. Entity Name  
**JAMES M. HIGGINS & ASSOCIATES, INC.**



Principal Place of Business <b>C/O JAMES M. HIGGINS          1960 FORREST ROAD          WINTER PARK, FL 32789 US</b>	Mailing Address <b>C/O JAMES M. HIGGINS          1960 FORREST ROAD          WINTER PARK, FL 32789</b>
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3011522</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**HIGGINS, JAMES M.  
 1960 FORREST ROAD  
 WINTER PARK, FL 32789**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. HIGGINS, JAMES M. 1960 FORREST ROAD WINTER PARK, FL
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**DO NOT WRITE 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: *James M. Higgins* Date: 2-03-06 Daytime Phone #: 407-740-8974  
SIGNATURE SHOULD BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ATTACHMENT  
66000921

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2006

JAMES M. HIGGINS & ASSOCIATES, INC.  
C/O JAMES M. HIGGINS  
1960 FORREST ROAD  
WINTER PARK, FL 32789

Subject: JAMES M. HIGGINS & ASSOCIATES, INC.

Reference Number: L22633

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/jd

ANNUAL REPORTS SECTION