2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# L82905

Entity Name: R. J. HIGBEE INCORPORATED

Current Principal Place of Business:

3189 PIONEER RD.
P.O. BOX 525
VERNON, FL 32462 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 525
VERNON, FL 32462 US

New Mailing Address:

FEI Number: 59-3034823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, ANTHONY W
915 DELAWARE AVE.
LYNN HAVEN, FL 32444 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MOORE, ALAN H.
Address: 915 DELAWARE AVE
City-St-Zip: LYNN HAVEN, FL

Title: DVP ( ) Delete
Name: MOORE, ARVIN C
Address: 3189 PIONEER RD
City-St-Zip: VERNON, FL 32462

Title: STD ( ) Delete
Name: MOORE, SUZANNE
Address: 919 DELAWRE AVE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MOORE, ALAN H.
Address: 915 DELAWARE AVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: GREEN, PATRICIA I
Address: 580 1ST ST.
City-St-Zip: CHIPLEY, FL 32428

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALAN H. MOORE PD 04/30/2004

Electronic Signature of Signing Officer or Director Date