


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 09, 2008 8:00 am
Secretary of State

05-08-2008 90023 013 ****61.25

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DOCUMENT # N04000010632 1. Entity Name HIGMAN SOYRING FOUNDATION, INC.	
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Principal Place of Business 123 LAREDO WAY NE ST PETERSBURG, FL 33704	Mailing Address 123 LAREDO WAY NE ST PETERSBURG, FL 33704
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1894368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, AMELIA M
501 E KENNEDY BLVD SUITE 1700
TAMPA, FL 33602

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

Filing Fee is \$81.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGMAN, DENICE R 880 21ST AVENUE N ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGMAN, DAVID A 880 21ST AVENUE N ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGMAN, LUCAS D 880 21ST AVENUE N ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGMAN, ADAM W 880 21ST AVENUE N ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 617, 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: Lucas D Higman 5/1/08 (727) 822-8774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DePhone #