

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06853**

1. Entity Name  
HUCK 'N' TOM'S ASSOCIATION, INC.



Principal Place of Business  
51 S. ANDALUSIA AVENUE  
SANTA ROSA BEACH, FL 32459

Mailing Address  
51 S. ANDALUSIA AVENUE  
SANTA ROSA BEACH, FL 32459



01082007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3639529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

KRAEMER, MARY ESQ  
727 HIGHWAY 98 EAST  
DESTIN, FL 32540

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

100000585657  
01/16/07-80021-017 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES BENNETT, KAREN B 51 S. ANDALUSIA AVENUE SANTA ROSA BCH, FL 32459
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES SMITH, JAMES 31428 CONIFER MTN. DR. CONIFER, CO 80433
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR. BENNETT, TERRELL R 51 S. ANDALUSIA AVENUE SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIR. PAYNE, LARRY 272 HUCK AND TOM RD SANTA ROSA BEACH, FL 32459
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/07 850 2317903