


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90021 037 ***150.00

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|---|---|---|--|---|--|
| DOCUMENT # P01000119728 1. Entity Name ROGER W. HUGGINS ENTERPRISES, INC. | | | |  | |
| Principal Place of Business 6840 MANNING CEMETERY RD. BALDWIN, FL 32234 | | | | Mailing Address 6840 MANNING CEMETERY RD. BALDWIN, FL 32234 | |
| 2. Principal Place of Business 684 MANNING CEMETERY RD. | | 3. Mailing Address 684 MANNING CEMETERY RD. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State JACKSONVILLE FL | | City & State FL | | 4. FEI Number 01-0701156 | |
| Zip 32234 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HUGGINS, ROGER W 6840 MANNING CEMETERY RD. BALDWIN, FL 32234 | | | | 7. Name and Address of New Registered Agent Name HUGGINS, ROGER W. Street Address (P.O. Box Number is Not Acceptable) 6840 MANNING CEMETERY RD. City JACKSONVILLE FL Zip Code 32234 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete HUGGINS, ROGER W 6840 MANNING CEMETERY RD. JACKSONVILLE, FL 32234 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Roger Huggins</u> ROGER HUGGINS 2/04/04 (904) 219-6360 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |