## NUAL REPORT

£ P01000119728

AUGGINS ENTERPRISES, INC.



FILED
May 02, 2007 08:00 AM
Secretary of State

Principal Place of Business 6840 MANNING CEMETERY RD JACKSONVILLE, FL 32234 Mailing Address

6840 MANNING CEMETERY RD JACKSONVILLE, FL 32234



## DO NOT WRITE IN THIS SPACE

04262007 No Chg-P CR2E034 (11/05)

4. FEI Number

01-0701156

5. Certificate of Status Desired

Not Applicable
\$8.75 Additional
Fee Required

Applied For

6. Name and Address of Current Registered Agent

HUGGINS, ROGER W 6840 MANNING CEMEMTERY RD. JACKSONVILLE, FL 32234

## 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			gistered Agent signature required when rematating	a) DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Fin Trust Fund Contribution			. U00000755706 05/22/07-80111-025 150.00	
10. OFFICERS AND DIRECTORS				* ***
NAME STREET ADDRESS CITY-ST-ZIP	D HUGGINS, ROGER W 6840 MANNING CEMETERY RD. JACKSONVILLE, FL 32234		7	
NAME STREET ADDRESS CITY-ST-ZIP				
TAILE NAME STREET ADDRESS CITY-ST-ZIP			D	O NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			
TITLE NAME STREET ADDRESS				

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 alternative with an address, with all giver like empowered.

SIGNATURE:

IGHTHUR AND TYPED OR PRINTED NAME OF BYNNING OFFICER OR DIRECTOR

4/26/01 (904) 219-6360