


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90002 034 ***550.00

DOCUMENT # P02000032399	
1. Entity Name H.L. HUGGINS, INC.	

Principal Place of Business 1642 BERKSHIRE AVE. WINTER PARK FL 32789	Mailing Address 1642 BERKSHIRE AVE. WINTER PARK FL 32789
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2. Principal Place of Business 825 GOLFVIEW ST.	3. Mailing Address 825 GOLFVIEW ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E034 (5/05)

City & State Orlando, FL	City & State Orlando, FL
Zip 32809	Zip 32804
Country ORANGE	Country ORANGE

4. FEI Number 04-3642387	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent HUGGINS, HENRY L 1642 BERKSHIRE AVE. WINTER PARK FL 32789	7. Name and Address of New Registered Agent Name: HUGGINS, HENRY L Street Address (P.O. Box Number is Not Acceptable): 825 GOLFVIEW ST. City: ORLANDO FL Zip Code: 32804
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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: HENRY L. HUGGINS H.L. Huggins 8/2/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGGINS, HENRY L 1642 BERKSHIRE AVE. WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUGGINS, JOSEPHINE C 1642 BERKSHIRE AVE. 825 GOLFVIEW ST. WINTER PARK FL 32789 ORLANDO, FL 32804 <input type="checkbox"/> Delete	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: H.L. HUGGINS H.L. HUGGINS 8/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #