

FILED
Mar 11, 2005 8:00 am
Secretary of State

02-07-2005 90080 016 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000022622					
1. Entity Name JOHN HIGGINBOTTOM, P.A.					
Principal Place of Business 5691 CROSSWINDS COURT ST. AUGUSTINE, FL 32092			Mailing Address 5691 CROSSWINDS COURT ST. AUGUSTINE, FL 32092		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent HIGGINBOTTOM, JOHN T JR. 5691 CROSSWINDS COURT ST. AUGUSTINE, FL 32092				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 State as applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	HIGGINBOTTOM, JOHN T JR.		NAME		
STREET ADDRESS	5691 CROSSWINDS COURT		STREET ADDRESS		
CITY- ST- ZIP	ST. AUGUSTINE, FL 32092		CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 807, 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>John Higginbottom</u> <u>2-2-05</u> <u>904 962 8508</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

2005 FOR PROFIT CORPORATION ANNUAL REPORT

2/7/2005-90080-016-\$150.00-\$150.00

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1. Entity Name

JOHN.HIGGINBOTTOM, P.A.



59-3768394

FBI Number

66004407