


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000023859</b> 1. Entity Name HONEYCUTT ENTERPRISES, INC.	
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Principal Place of Business 8730 THOMAS DR., UNIT 1103 B PANAMA CITY BCH, FL 32408	Mailing Address 8730 THOMAS DR., UNIT 1103 B PANAMA CITY BCH, FL 32408
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04072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-2320959	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  SOMBATHY, JULIE A 434 MAGNOLIA AVE. PANAMA CITY BCH, FL 32401
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HONEYCUTT, LARRY E 206 COTTONTAIL LN. PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HONEYCUTT, KATHLEEN A 206 COTTONTAIL LN PANAMA CITY, FL 32405
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<p>U000000699778 04/19/07-80056-019 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 attachment with an address, with all other like empowered.

**SIGNATURE:** Larry E. Honeycutt **LARRY E. HONEYCUTT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRES. HONEYCUTT ENTERPRISES, INC.** 4/7/07 **(850) 233-5950**  
Date Daytime Phone #